950

ONE HUNDRED AND EIGHTH

ANNUAL REPORT

of the

Massachusetts
Eye and Ear Infirmary

Incorporated in 1827

For the Year

1933

THE MASSACHUSETTS EYE AND EAR INFIRMARY

243 Charles Street, Corner Fruit Street, Boston, Mass.

OUT-PATIENT DEPARTMENT

The Out-Patient Department is open daily, excepting Sundays and legal holidays, from 8.00 to 10.00 A.M., for examination and treatment of all poor persons afflicted with disease of the eye, ear, nose or throat. Persons needing treatment in the hospital wards will be advised accordingly. Medicines and glasses are furnished at the Infirmary, but neither prescription nor advice will be sent by mail, express or messenger.

Admission fee: Adults, seventy-five cents first visit, other visits fifty cents; children under sixteen years of age, fifty cents first visit, other visits twenty-five cents.

HOSPITAL

Persons recommended for admission to the hospital wards should apply at the Director's Office before 1 P.M., *on week days only, excepting legal holidays.*

Accident and emergency cases admitted at any time.

All communications about the Infirmary or any patient must be addressed to the Director, and should contain the full name of the patient as well as the name and address of the writer.

Persons admitted to the wards as in-patients will be charged for board at the rate of twenty-four dollars per week, payable in advance, unless some special arrangement is made by the Director. No reduction in rate of board made to those residing outside the Commonwealth of Massachusetts.

Visitors will be admitted to see patients from 1 to 2 o'clock in the afternoon, and but one visitor a day is allowed to each patient over seven years of age. Children under seven years of age may be visited on Sundays and legal holidays from 1 to 2 P.M., when two visitors are permitted. Visitors may be excluded at any time.

On Sundays and holidays two visitors are allowed each patient.

The Infirmary reserves the right to investigate every case.

Massachusetts Eye and Ear Infirmary

ONE HUNDRED AND EIGHTH
ANNUAL REPORT

of the

Massachusetts
Eye and Ear Infirmary

For the Year

1933

BOSTON

OFFICERS, 1934

BOARD OF MANAGERS, 1933–1934

1887	George P. Gardner, 10 Post Office Square
1903	William C. Endicott, 71 Ames Building
1903	Russell G. Fessenden, 17 Court Street
1907	Charles P. Curtis, 71 Ames Building
1907	Robert H. Stevenson, 50 State Street
1914	James Dean, 201 Devonshire Street
1914	James C. Howe, 843 Exchange Building
1922	T. Jefferson Coolidge, 67 Milk Street
1925	Leverett Saltonstall, 55 Congress Street
1929	Henry Lyman, M.D., Elm Street, Canton, Massachusetts
1929	Walter H. Trumbull, Jr., 45 Milk Street
*1932	William H. Claflin, Jr., 74 State Street
*1934	Patrick A. O'Connell, 1731 Beacon Street, Brookline
1934	Frank G. Allen, 248 Summer Street

President

Russell G. Fessenden

Secretary

James C. Howe, 843 Exchange Building

Treasurer

James Dean, 201 Devonshire Street

Executive Committee

Russell G. Fessenden
James Dean
Robert H. Stevenson
Henry Lyman, M.D.

Finance Committee

James Dean
James C. Howe
T. Jefferson Coolidge

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*Appointed by the Commonwealth.

Visiting Committee

Month	Members
January	Mr. Stevenson Mr. Allen
February	Mr. Allen Mr. Endicott
March	Mr. Endicott Mr. Gardner
April	Mr. Gardner Mr. Curtis
May	Mr. Curtis Mr. Saltonstall
June	Mr. Saltonstall Mr. Trumbull, Jr.
July	Mr. Trumbull, Jr. Mr. Fessenden
August	Mr. Fessenden Mr. Howe
September	Mr. Howe Dr. Lyman
October	Dr. Lyman Mr. Dean
November	Mr. Dean Mr. Coolidge
December	Mr. Coolidge Mr. Stevenson

Ladies' Visiting Committee

Mrs. Livingston Davis, *Chairman*
Mrs. John Lawrence, *Vice-Chairman*
Mrs. Varaztad H. Kazanjian, *Secretary*
Mrs. Sullivan A. Sargent, Jr., *Treasurer*
Mrs. Leslie Soule, *Chairman Nurses' Committee*
Mrs. William B. Snow, *Chairman Social Service Committee*
Miss Mary Otis, *Chairman Hospital Visiting Committee*
Mrs. Herbert B. Shaw, *Chairman Entertainment Committee*
Mrs. Arlie V. Bock
Mrs. John E. Boit
Mrs. John Bryant
Mrs. Harry P. Cahill
Mrs. John Chandler
Mrs. Louis Curtis, Jr.
Mrs. Richard C. Curtis
Miss Emily Davis
Mrs. Alfred W. Douglas
Mrs. Edwin B. Dunphy
Mrs. William Endicott
Mrs. Reginald Foster
Mrs. Robert L. Goodale
Mrs. Trygve Gundersen
Mrs. Harold L. Higgins
Mrs. Francis T. Hunter
Mrs. Dunbar Lockwood
Mrs. Lawrence M. Lombard
Miss Grace Madden
Mrs. Charles E. Mason
Mrs. Harris P. Mosher
Mrs. Harold Peabody
Mrs. John R. Post
Miss Madeline Post
Mrs. H. Maynard Rees
Mrs. LeRoy A. Schall
Mrs. D. Campbell Smyth
Mrs. Walter K. Sturges
Miss Anita Sturgis
Mrs. George L. Tobey, Jr.
Mrs. Frederick H. Verhoeff
Mrs. A. W. Wheelwright
Mrs. George H. Wright
Mrs. John I. Wylde

EXECUTIVE OFFICERS

Director
George H. Bigelow, M.D.

Assistant to the Director
Annie M. Robertson, R.N.

OFFICERS, 1934

Surgical Board

Consulting Surgeons in Ophthalmology

H. Beckles Chandler, M.D.
Edwin E. Jack, M.D.
Henry H. Haskell, M.D.
Walter B. Lancaster, M.D.
Fred M. Spalding, M.D.
Peter H. Thompson, M.D.
Samuel J. McDonald, M.D.
Allen Greenwood, M.D.

Consulting Chief of Ophthalmology

Frederick H. Verhoeff, M.D.

Consulting Surgeons in Otology and Laryngology

Frederick L. Jack, M.D.
William F. Knowles, M.D.
Francis P. Emerson, M.D.
Algernon Coolidge, M.D.
J. Payson Clark, M.D.
Frederic C. Cobb, M.D.
Joseph L. Goodale, M.D.
George L. Tobey, Jr., M.D.
D. Crosby Greene, M.D.
Philip Hammond, M.D.
D. Harold Walker, M.D.
Calvin B. Faunce, M.D.

Chief of Ophthalmology (acting)

J. Herbert Waite, M.D.

Chief of Otology and Laryngology

Harris P. Mosher, M.D.

Surgeons in Ophthalmology

W. Holbrook Lowell, M.D.
Edward K. Ellis, M.D.
Hugo B. C. Riemer, M.D.
J. Herbert Waite, M.D.
Edwin B. Goodall, M.D.
Edwin B. Dunphy, M.D.

Surgeons in Oto-Laryngology

Frederick E. Garland, M.D.
Frederick L. Bogan, M.D.
D. Campbell Smyth, M.D.
Harry P. Cahill, M.D.
Edwards W. Herman, M.D.
Harold G. Tobey, M.D.
George H. Poirier, M.D.

Surgeon for Plastic Operations

Varaztad H. Kazanjian, M.D., D.M.D.

Associates in Laryngology in Teaching

Joseph L. Goodale, M.D.
Charles D. Knowlton, M.D.
Harry A. Barnes, M.D.

Associate Surgeons in Oto-Laryngology

Philip E. Meltzer, M.D.
Charles T. Porter, M.D.
LeRoy A. Schall, M.D.
William I. Wiggin, M.D.

Assistant Surgeons in Ophthalmology

William P. Beetham, M.D.
Virgil G. Casten, M.D.
Paul A. Chandler, M.D.
John G. Jennings, M.D.
Ralph H. Ruggles, M.D.
Benjamin Sachs, M.D.
Theodore L. Terry, M.D.
Fred S. Thorne, M.D.
Samuel H. Wilkins, M.D.

Assistant Surgeons in Oto-Laryngology

Maurice G. Evans, M.D.
G. Bernard Fred, M.D.
Robert L. Goodale, M.D.
Margaret N. Kleinert, M.D.
Moses H. Lurie, M.D.
Philip Mysel, M.D.
Josiah E. Quincy, M.D.
Joseph M. Scanlon, M.D.
Francis L. Weille, M.D.
Leon E. White, M.D.

Clinical Assistants in Ophthalmology

Z. William Colson, M.D.
Hugh C. Donahue, M.D.
Meyer M. Gilbert, M.D.
Herman P. Grossman, M.D.
Trygve Gundersen, M.D.
Paul G. Haire, M.D.
Juanita P. Johns, M.D.
Merrill J. King, M.D.
Brendan D. Leahey, M.D.
Thomas H. Macdonald, M.D.
Frederick H. Salls, M.D.
Alfred C. Trull, M.D.
Raymond C. Whitney, M.D.

Clinical Assistants in Oto-Laryngology

Charles H. Allman, M.D.
Walter J. E. Carroll, M.D.
Samuel Cline, M.D.
Elmer H. Gillespie, M.D.
Edgar M. Holmes, M.D.
Charles I. Johnson, M.D.
Vincent J. Kelley, M.D.
Donald H. Macdonald, M.D.
Werner Mueller, M.D.
William E. Murphy, M.D.

Consulting Pathologist

Tracy B. Mallory, M.D.

Pathologist

Theodore L. Terry, M.D.

Roentgenologist

A. S. Macmillan, M.D.

Dentist

George H. Wright, D.M.D.

Assistant Anesthetist

Russell F. Sheldon, M.D.

OFFICERS, 1934

Howe Laboratory of Ophthalmology

Director

Frederick H. Verhoeff, M.D.

Clyde E. Keeler, S.D.
Merrill J. King, M.D.
Trygve Gundersen, M.D.
Harry K. Messenger, Ph.D., M.D.
Eugene F. McCarthy, M.A.
Elek Ludvigh, Ph.D.

Consultants

Consulting Physicians

James H. Means, M.D.
Frederick T. Lord, M.D.
Gerald Blake, M.D.
Arlie V. Bock, M.D.
Chester M. Jones, M.D.
Francis M. Rackemann, M.D.
William B. Robbins, M.D.
William D. Smith, M.D.
Paul D. White, M.D.
F. Dennette Adams, M.D.
Gerardo M. Balboni, M.D.
Walter Bauer, M.D.
William B. Breed, M.D.
Roger P. Dawson, M.D.
Benjamin H. Ragle, M.D.
Wyman Richardson, M.D.
Dwight L. Siscoe, M.D.
Fuller Albright, M.D.
William A. Bishop, M.D.
Maurice Fremont-Smith, M.D.
Margaret V. Grogan, M.D.
B. Thurber Guild, M.D.
James Hitchcock, M.D.
Francis T. Hunter, M.D.
Howard B. Jackson, M.D.
Donald S. King, M.D.
Howard B. Sprague, M.D.
Roy R. Wheeler, M.D.
Louis Wolff, M.D.

Consulting Dermatologists

E. Lawrence Oliver, M.D.
Loretta J. Cummins, M.D.
Arthur M. Greenwood, M.D.
C. Guy Lane, M.D.
Jacob H. Swartz, M.D.
Edward W. Karcher, M.D.

Consulting Neurologists

James B. Ayer, M.D.
George Clymer, M.D.
G. Colket Caner, M.D.
Charles A. McDonald, M.D.
Harry C. Solomon, M.D.
Henry R. Viets, M.D.

Mental Hygiene

(From the McLean Hospital Staff)

Margaret R. Anthonisen, M.D.
John B. McKenna, M.D.
Kenneth J. Tillotson, M.D.
Ray L. Whitney, M.D.
Robert A. Young, Ph.D.
Augustus S. Rose, M.D.

Consulting Pediatricians

Harold L. Higgins, M.D.
Joseph Garland, M.D.
J. Herbert Young, M.D.
Richard S. Eustis, M.D.
Edward S. O'Keefe, M.D.
Eli C. Romberg, M.D.
Solomon H. Rubin, M.D.
Richard C. Tefft, Jr., M.D.
Oliver E. Bixby, M.D.
Arthur Bates Lyon, M.D.
Michele Nigro, M.D.

Consulting Surgeons

Beth Vincent, M.D.
Edward D. Churchill, M.D.
Channing C. Simmons, M.D.
W. Jason Mixter, M.D.
Wyman Whittemore, M.D.
Arthur W. Allen, M.D.
George A. Leland, Jr., M.D.
Richard H. Miller, M.D.
John S. Hodgson, M.D.
Leland S. McKittrick, M.D.
Edward L. Young, Jr., M.D.
Tracy J. Putnam, M.D.
James C. White, M.D.
Ernest M. Daland, M.D.
Torr W. Harmer, M.D.
William P. Coues, M.D.
E. Parker Hayden, M.D.
Henry C. Marble, M.D.
Joe Vincent Meigs, M.D.
André W. Reggio, M.D.
Horace K. Sowles, M.D.
Franklin G. Balch, Jr., M.D.
Henry H. Faxon, M.D.
Seth M. Fitchet, M.D.
Stephen G. Jones, M.D.
Horatio Rogers, M.D.
William M. Shedden, M.D.
Reginald H. Smithwick, M.D.
John W. Spellman, M.D.
Grantley W. Taylor, M.D.

Consulting Orthopedists

Marius N. Smith-Petersen, M.D.
Philip D. Wilson, M.D.
Armin Klein, M.D.
William A. Rogers, M.D.
George W. Van Gorder, M.D.
Edwin F. Cave, M.D.
Joseph S. Barr, M.D.
Sumner M. Roberts, M.D.

Consulting Urologists

J. Dellinger Barney, M.D.
George Gilbert Smith, M.D.
Harvard H. Crabtree, M.D.
Fletcher Colby, M.D.
Oscar F. Cox, M.D.
Prodromos N. Papas, M.D.
Alpha R. Sawyer, M.D.
Russell L. Splaine, M.D.
Channing S. Swan, M.D.
Bryant Wetherell, M.D.

Consulting Pathologist

Harry F. Hartwell, M.D.

Consulting Bacteriologist

Louis Dienes, M.D.

Consulting Roentgenologists

George W. Holmes, M.D.
Aubrey O. Hampton, M.D.
James R. Lingley, M.D.
William C. Martin, M.D.

Consultant in Contagious Diseases

Edwin H. Place, M.D.

ADVISORY COMMITTEE

Social Service Department

Mr. Russell G. Fessenden
Mr. William C. Endicott
Dr. Henry Lyman
Dr. Harris P. Mosher
Dr. J. Herbert Waite
Mrs. Phillips Ketchum
Mrs. William B. Snow
Dr. George H. Bigelow

House Staff

Internes in Ophthalmology

Harry K. Messenger, Ph.D., M.D.
Harold Gifford, Jr., M.D.
John A. Kerst, M.D.
Frank D. Carroll, M.D.
Charles E. Walker, M.D.
David G. Cogan, M.D.
S. Rodman Irvine, M.D.

Internes in Oto-Laryngology

Percy J. Ross, M.D.
Delbert K. Judd, M.D.
John R. Frazee, M.D.
Percy E. Ireland, M.D.
Burton E. Lovesey, M.D.
John R. Richardson, M.D.
Frederick J. Pollock, M.D.

Executive Assistants

Helen McCaskill, R.N.
Ruth M. Hutchinson, R.N.
Alice B. Coe, R.N.

Superintendent of Nurses

Sally Johnson, R.N.

Assistant Superintendent of Nurses

Dorothy M. Tarbox, R.N.

Chief Social Worker

Amy G. Smith

BRIEF HISTORY OF THE MASSACHUSETTS EYE AND EAR INFIRMARY

The Massachusetts Eye and Ear Infirmary had its inception in the latter part of 1824 when Dr. Edward Reynolds and Dr. John Jeffries established a free clinic for the treatment of the eye in a small room in the Scollay Building situated in what is now the center of Scollay Square. It is the second oldest institution of its kind in the United States, the New York Eye and Ear Infirmary having been founded in 1820.

In the first sixteen months nearly 900 patients were treated, and so successful was the undertaking that in March, 1826, with the aid of friends, a public subscription was started and the Boston Eye Infirmary was formed. In 1827 it was formally incorporated as the Massachusetts Charitable Eye and Ear Infirmary (changed to the Massachusetts Eye and Ear Infirmary in 1924) and shortly moved to larger quarters at the corner of Court and Tremont Streets. The Infirmary was open from 12 to 1 o'clock for gratuitous treatment of the eye and ear. In 1827 there were reported 583 cases of eye diseases and 98 of ear diseases. The receipts were $473.62 and the expenses $333.62.

By 1836 the Infirmary was so well known that one-third of the patients came from outside of Boston and 153 towns and cities were represented. Owing to the increase in the number of patients, the Infirmary was removed in 1836 to the Salisbury Building on Summer Street, and three years later the Gore mansion on Green Street near Bowdoin Square was purchased. To enable the Infirmary to do this, the Commonwealth gave $5,000 and an additional grant of $2,000 a year, for five years. Here for the first time ward patients could be accommodated to the number of twenty. Previously they had been placed in boarding houses in the neighborhood. Facilities were provided for a school of observation, as it was called, for medical students and Dr. Jeffries gave a course of lectures at the Infirmary which was followed by lectures for six successive years by Dr. Reynolds at the Tremont Medical School. Daily clinics for students were held.

By 1849 the Gore mansion had become too small to take care of the increasing number of patients, in that year 2,000. With the aid of a generous grant from the Commonwealth and funds raised by subscriptions, property on Charles Street near Cambridge Street was purchased and a new Infirmary built and dedicated in 1850. Later a wing was added. In 1871 the Ear Department was organized and by 1876 the patients in that department numbered 2,250.

The first Charles Street building, which had housed the Infirmary for over fifty years, proved inadequate and the Out-Patient Department was much over-crowded, with an average weekly attendance of 1,200. With the aid of a grant from the Commonwealth of $100,000, the present site was purchased and the building was completed in March, 1899. Social Service was instituted in 1907. The Gardner Building for the treatment of contagious diseases of the eye was added shortly and in 1909 a separate building was built for the Pathological Laboratory. In the same year a Nurses' Home was built on the site of the old Infirmary, to house 94 people, and later the space formerly occupied by nurses in the Infirmary was changed into a private ward. A school for graduate and affiliated nurses which gives special training in the care of diseases of the eye, ear, nose and throat is maintained.

In the year 1922 the Laryngological Department of the Massachusetts General Hospital was granted the use of beds in the Infirmary and became a department of that institution as far as its house work was concerned.

In 1925 the surgeons of the Aural and Laryngological departments appear in one group as Oto-Laryngologists.

January 1st, 1928, the Laryngological Out-Patient Department of the Massachusetts General Hospital was taken over by the Infirmary and the relations of the Aural Department with the Laryngological Department became very close. At the same time the Out-Patient Department, though still operated by the Infirmary, was joined with that of the Massahusetts General Hospital in the new building built by the latter.

Part of the space formerly occupied by the Out-Patient

Department was taken for the Howe Laboratory of Ophthalmology. This was made possible through the generosity of the late Dr. Lucien Howe, who gave $250,000 towards a fund of $500,000 given to Harvard College, the income to be used for research work. The balance of the space was given over to the Research Laboratory of the Ear, Nose and Throat Department, the X-Ray Department and the Howe Library.

Last year the Infirmary took care of 5,793 people in the public wards, 1,481 in the private wards and there were 103,927 visits to the Out-Patient Department. The active staff numbers 62 and there are 209 paid employees.

REPORT OF THE PRESIDENT

On behalf of the Board of Managers of the Massachusetts Eye and Ear Infirmary, I beg to present to the Corporation the One Hundred and Eighth Annual Report, being for the year 1933.

This has been a very difficult year for hospitals owing to the depression but I am glad to be able to report that all activities have been fully maintained, as will be seen from the various reports which follow and the physical property has been kept in its usual good condition. Due to careful and intelligent supervision on the part of the Director and to the loyal support of the Staff and employees, while we have ended the year with a deficit of $4,583.42, this is due to the purchase of an unusually large amount of supplies for the next year in order to take advantage of lower prices. We continue to give a great deal of free and under cost service. Patients pay what they can afford, from nothing to full rates. In the Public Wards if one-half the patients had paid full rates and the other half nothing, our receipts would have been the same as they were.

Greatly to the regret of the Board of Managers, Doctor Washburn, the Director, will retire in February on account of the age limit. We are very fortunate in having been able to secure Doctor George H. Bigelow as his successor. This seems a fitting time to compare the Infirmary as it was on January 1, 1915, when Doctor Washburn took over the management, with its condition today, noting some of the more important changes.

Since 1922 when we began to keep a separate account of extraordinary expenses, being those other than usual maintenance expenses, we have spent and charged to expense on that account about $236,000, practically all on the Infirmary. In 1922 the Infirmary stood on our books at about $350,000 and the Nurses' Home at $98,000, so that it might fairly be said that the Infirmary has been largely rebuilt. The more important changes and improvements since 1915 are: changing the upper floor into private wards; rebuilding the kitchen and laundry and dining rooms in the basement; new heating, lighting and refrigerating systems; improving the public wards; new sterilizing plant; modernizing the operating rooms; sub-basement storage room and improving the fire hazard very much. There was a very large expense attending the change on the first floor mentioned just below.

Beginning in 1928 the Out-Patient Department of the Infirmary was operated in conjunction with that of the Massachusetts General Hospital in a new building built for that purpose by the latter. This has enabled us to handle our patients much more efficiently. For this purpose the Infirmary raised nearly $500,000. At the same time, the greater part of the first floor which had been occupied by the Out-Patient Department was taken over by the Howe Laboratory of Ophthalmology, an enlarged X-Ray Department, the Oto-Laryngological Laboratory, the Howe Library and other activities. The Out-Patient Department of the Laryngological Department of the Massachusetts General Hospital was turned over to the Infirmary at that time. For a number of years the Infirmary had furnished the Laryngological Beds and the General Hospital the Out-Patient Department. This change led to a decided improvement in the treatment of the patients. In 1914 the number of Public Ward patients was 3,630 and patient days 62,050. In 1933 the number of Public Ward patients was 5,793 and patient days 42,051. The average number of days per patient in the Infirmary has decreased very much, partly due to the improvement in treatment and partly to the greater number of tonsil and adenoid cases where the stay is short.

Certain other comparisons are interesting:

In 1914 the total visits to the Out-Patient Department were 58,772. In 1933, 103,927.

In 1914, total expenses were $133,221.97. In 1933, $415,773.25. In 1914, receipts from all sources were $109,436.33, compared with $407,944.80 in 1933. This was in spite of the fact that in the former year we received $45,000 from the Commonwealth of Massachusetts, discontinued in 1918. The difference is accounted for by increased income from investments, very much larger donations, greater revenue from the Infirmary and other new sources of income. This short summary certainly reflects the efficient and intelligent management of the Director.

In this period we have taken care of net deficits of about $218,000. Since 1922 when we kept a separate account, we have spent and charged to expense extraordinary improvements and repairs amounting to $236,000 (which, of course, was the reason for the deficits) and the book value of investments other than real estate has increased from $580,000 to $1,746,000.

During the year Doctor Alexander Quackenboss who was a Consulting Ophthalmic Surgeon died. He became an interne in 1893, passed through the various grades and became Ophthalmic Chief of Service in 1913. He was also Professor of Ophthalmology at Harvard Medical School. On account of ill health he resigned in 1923 and became Consulting Ophthalmic Surgeon. His service at the Infirmary was always marked by high ideals, great ability and devotion to humanity.

The Managers desire to take this occasion to express their appreciation of the work of the Ladies' Visiting Committee, the various activities of which have conduced so much to the comfort of the patients, and also their appreciation of the devoted service of the Staff and employees.

R. G. Fessenden,
President.

REPORT OF THE TREASURER

STATEMENT OF INCOME—RECEIPTS AND DISBURSEMENTS

for the year ending December 31, 1933

HOSPITAL RECEIPTS:				
As per Director's Financial Statement (page 30)				$308,885.11
LESS:				
HOSPITAL OPERATING DISBURSEMENTS — as per Director's financial statement (page 30)				
General		$394,874.62		
Social Service		15,677.48	$410,552.10	
TREASURER'S DISBURSEMENTS:				
Auditing, Bookkeeping and Custody of Securities		$1,533.33		
Insurance		745.11		
Miscellaneous		835.18	3,113.62	
TOTAL ORDINARY DISBURSEMENTS				413,665.72
EXCESS OF ORDINARY DISBURSEMENTS OVER HOSPITAL RECEIPTS				$104,780.61
DEDUCT:				
OTHER INCOME RECEIPTS:				
Total Income from Investment Securities		$72,614.11		
LESS:				
One-half income from Weber Fund—added to Principal	$142.50			
Income from Fund for Maintenance of Gardner Building—added to Principal	604.59			
Income from George Strong Derby Memorial Fund — Unexpended	276.00	1,023.09	$71,591.02	

*Contributions for General Purposes		2,119.50	
Miscellaneous Income:			
From the Committee of the Permanent Charity Fund, Inc.	$3,000.00		
From the Estate of E. V. Ashton	3,100.00		
From the Estate of Charles G. Green	216.54		
From the Estate of George Green Cook	300.00		
Boston Emergency Relief Campaign	16,950.00		
Interest on Bank Balances	280.78		
Transfers from Special Purpose Funds	4,939.04	28,786.36	102,496.88
Excess of Ordinary Disbursements over Income Receipts—For the year ending December 31, 1933			$2,283.73
Add:			
Extraordinary Disbursements:			
Curtain Screening Equipment		$1,770.00	
Washroom — Surgeons' Locker Room		529.69	2,299.69
Balance — Excess of Total Disbursements over Income Receipts — for the year ending December 31, 1933			$4,583.42

JAMES DEAN,
Treasurer.

PATTERSON, TEELE AND DENNIS,
Auditors.

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*There were also contributions for various special purposes amounting to $3,886.33 (including $1,600.12 for Social Service), which have been added to principal of Special Purpose Funds.

INVESTMENT SECURITIES

December 31, 1933

BONDS

$ 5,000	U. S. Treasury Certificates, 2¼%, December 15, 1934
25,000	U. S. Treasury Notes, 3%, June 15, 1935
35,000	U. S. Treasury Notes, 3¼%, August 1, 1936
63,000	U. S. Liberty 4th 4¼s, October 15, 1938
10,000	U. S. Treasury Bonds, 3¼%, August 1, 1941
62,000	U. S. Treasury Bonds, 3¼%, October 15, 1945
1,000	Albany & Susquehanna Railroad 1st 3½s 1946
20,000	Albany & Susquehanna Railroad registered 3½s 1946
15,000	American Smelting & Refining Co. 1st "A" 5s 1947
15,000	American Telephone & Telegraph Co. 5½s 1943
10,000	Appalachian Power Company 1st 5s 1941
1,500	Atchison, Topeka & Santa Fe Ry. Co. Conv. Deb. 4½s 1948
10,000	Belgium, Kingdom of, 6½s 1949
20,000	Boston, City of, registered 4s 1947
25,000	Boston, City of, registered 4¼s 1974
10,000	Boston Terminal Company registered 3½s 1947
14,000	Boston & Maine Railroad Series "V" 5s 1942
1,000	Boston & Maine Railroad Series "Z" 5s 1943
9,000	Boston & Maine Railroad Series "AA" 5s 1944
1,000	Boston & Maine Railroad Series "DD" 5s 1945
15,000	Bush Terminal Buildings Company 1st 5s 1960
10,000	Butte Electric & Power Company 1st 5s 1951
10,000	California Gas & Electric Co. Unif. & Ref. 5s 1937
15,000	Canadian National Railways 4½s 1954
25,000	Canadian Pacific Railway Equipment Trust 5s 1944
10,000	Chesapeake & Ohio Railway Company General 4½s 1992
2,000	Chicago, Burlington & Quincy R. R. Co., Ill. Div. 3½s 1949
1,000	Chicago, Burlington & Quincy R. R. Co., Ill. Div. 4s 1949
20,000	Chicago, Burlington & Quincy R. R. Co. 1st & Ref. "B" 4½s 1977
9,000	Chicago City Railway Company 1st 5s 1927 (C/D)
25,000	Chicago Junction Railways & Union Stock Yards Co. 4s 1940
1,000	Chicago Junction Railways & Union Stock Yards Co. 5s 1940
25,000	Chicago & Northwestern Railway Company 4¾s 1949
20,000	Cincinnati Union Terminal Company "C" 5s 1957
1,000	Columbus Electric & Power Company 1st & Ref. "B" 5s 1954
15,000	Commonwealth Edison Company "G" 5½s 1962
15,000	Connecticut River Power Company "A" 5s 1952
25,000	Edison Electric Illuminating Co. of Boston 5s 1936
20,000	Florida Power & Light Company 1st 5s 1954
50,000	General Motors Acceptance Corporation Note, January 12, 1934
10,000	Georgia Power Company 1st & Ref. 5s 1967
20,000	Hudson & Manhattan Railroad Company 1st 5s 1957

$20,000	Illinois Power & Light Company 1st & Ref. "C" 5s 1956
20,000	International Match Co. Debenture 5s 1947 (C/D)
10,000	International Paper Company Series "A" 6s 1955
2,000	Lake Shore & Michigan Southern Railway 3½s 1997
1,000	Lawrence, City of, registered 4s 1942
1,000	Lawrence, City of, registered 4s 1943
10,000	Long Island Railroad Company Unified 4s 1949
7,000	Louisville & Jeffersonville Bridge Co. 4s 1945
6,700	Massachusetts Hospital Life Insurance Company annuity
10,000	Memphis Power & Light Company 1st Ref. 5s 1948
10,000	Michigan Central Railroad Company 1st 3½s 1952
6,000	Middlesex, County of, 4¼s 1936
10,000	Mississippi River Power Company 1st 5s 1951
20,000	Missouri Pacific Railroad Company 1st & Ref. "F" 5s 1977 (C/D)
20,000	Montreal, City of, 5s 1943
10,000	Newton, City of, registered 4¼s 1937
10,000	Newton, City of, registered 4¼s 1938
10,000	Newton, City of, registered 4¼s 1939
4,000	Newton, City of, registered 4¼s 1940
2,000	Newton, City of, registered 4¼s 1941
10,000	New Brunswick, Province of, 5s 1934
10,000	New Orleans Public Service, Inc. 1st & Ref. "A" 5s 1952
10,000	New Orleans Public Service, Inc. 1st & Ref. "B" 5s 1955
2,000	New York Central & Hudson River Railroad 4s 1934
15,000	New York Central & Hudson River R. R. Co., Michigan Central 3½s 1998
4,000	New York, New Haven & Hartford Railroad Co. 3½s 1947
25,000	New York, New Haven & Hartford R. R. Co. Conv. Deb. 6s 1948
2,000	New York, New Haven & Hartford R. R. Co., Harlem River & Port Chester 1st 4s 1954
15,000	Northern Pacific Railway Company, General Lien & Land Grant 3s 2047
20,000	Norway, Kingdom of, External 5½s 1965
20,000	Pacific Gas & Electric Co. General & Ref. 5s 1942
35,000	Pennsylvania Power & Light Co. 1st 4½s 1981
15,000	Pennsylvania Railroad 4¼s 1981
1,000	Philadelphia, Baltimore & Washington R. R. 1st 4s 1943
1,000	Railway & Light Securities Co. Collateral Trust 5s 1951
1,000	Richmond-Washington Company Coll. Trust Series "C" 4s 1943
15,000	Rochester Gas & Electric Corporation Series "E" 5s 1962
10,000	St. Johnsbury & Lake Champlain R. R. Co. 1st 5s 1944
10,000	St. Paul Union Depot Co. 1st Ref. "A" 5s 1972
20,000	Safe Harbor Water Power Corporation 4½s 1979
20,000	Shawinigan Water & Power Co. 1st & Coll. Tr. "C" 5s 1970
20,000	Shell Union Oil Corporation Debenture 5s 1947
10,000	Southern Bell Telephone & Telegraph Co. 1st 5s 1941

$10,000	Southern California Edison Company General 5s 1939
20,000	Southern Pacific Company 4½s 1969
40,000	Standard Oil Company of New York Debenture 4½s 1951
5,000	Swift & Company 1st mortgage 5s 1944
10,000	Tacoma Railway & Power Company 1st 5s 1929 (C/D)
10,000	Toronto, City of, 5s 1938
35,000	Union Electric Light & Power Company 5s 1957
20,000	Utah Power & Light Company 1st 5s 1944
15,000	Washington Water Power Company 1st & General 5s 1960
20,000	Western Massachusetts Companies 5s 1937
10,000	Western Union Telegraph Company 5s 1960

STOCKS

250 shs.	Algonquin Printing Company
100 shs.	American Can Company, common
140 shs.	American Thread Company, preferred
348 shs.	American Telephone & Telegraph Co.
20 shs.	Anaconda Copper Mining Company
204 shs.	Atchison, Topeka & Santa Fe Railway Co., common
200 shs.	Borden Company, common
100 shs.	Boston Real Estate Trust
8 shs.	Boston & Albany Railroad Company
16 shs.	Boston & Maine Railroad Co., 1st preferred "A"
32 shs.	Boston & Maine Railroad Co., 6% preferred
100 shs.	Chicago Junction Railways & Union Stock Yards Co., preferred
200 shs.	Consolidated Gas Company of New York, $5.00 preferred
200 shs.	Consolidated Gas Company of New York, common
16 shs.	Durfee (B. M. C.) Trust Company of Fall River
25 shs.	Dwelling House Associates
100 shs.	Edison Electric Illuminating Company of Boston
100 shs.	Electric Bond & Share Company, preferred
12 shs.	Fall River Laundry Company
218 shs.	First National Bank of Boston
328 shs.	General Electric Company, common
4 shs.	General Electric Company, special
100 shs.	Illinois Central Railroad Company, common
16 shs.	Maine Central Railroad Company, common
200 shs.	National Biscuit Company, common
188 shs.	National Shawmut Bank of Boston
200 shs.	New York Central Railroad Company
66 shs.	New York, New Haven & Hartford Railroad Co., common
116 shs.	Pennsylvania Railroad Company
84 shs.	Pennroad Corporation, v. t. common
100 shs.	Public Service Corporation of New Jersey, $5.00 preferred
50 shs.	Radio Corporation of America, common
54 shs.	Rhode Island Public Service Company, preferred

6 shs.	Sagamore Manufacturing Company
200 shs.	Southern Railway Company, preferred
90 shs.	Stevens Manufacturing Company, preferred
100 shs.	Union Pacific Railroad Company, common
232 shs.	Union Street Railway Co., New Bedford, common
200 shs.	United Fruit Company
100 shs.	United States Steel Corporation, common
300 shs.	United States Steel Corporation, preferred

Securities Held for Weber Fund

BONDS

$1,500	U. S. Liberty 4th 4¼s, October 15, 1938
500	U. S. Treasury Bonds, 3¼%, October 15, 1945
5,000	Boston, City of, registered 4s 1946

The Managers gratefully acknowledge receipt of the following legacies during the year 1933:

Estate of Elizabeth R. Stevens	$30,446.21*
Estate of George Green Cook	6,448.00
Estate of John B. Hazlett	2,500.00
Estate of Edward B. Field	250.00
Estate of Lucy H. Eaton	30,000.00
Estate of Mary Agnes Eaton	3,651.92

*This amount has been added to the Permanent Fund, Income for General Purposes, which was established in 1931.

The Managers also gratefully acknowledge receipt of contributions to the George Strong Derby Memorial Fund during 1933 in the amount of $63.10.

RESTRICTED FUNDS

December 31, 1933

1850	Bequest under will of John Bromfield	$10,000.00
1871	Bequest under will of Nabby Joy	10,000.00
1876	Bequest under will of Susan T. Gray	1,000.00
1882	Berkshire Fund	5,000.00
1882	Nathaniel Thayer Fund	54,570.00
1887	Bequest under will of Richard Perkins	10,000.00
1889	Bequest under will of Elisha T. Loring	3,500.00
1892	Bequest under will of J. Huntington Wolcott	1,500.00
1895	Bequest under will of Samuel E. Sawyer	2,382.20
1896/7	Ann White Vose Fund	18,591.54
1898	Bequest under will of Henry L. Pierce	20,000.00
1898	John W. and Belinda L. Randall Fund	30,000.00
1898	Weber Fund	7,964.11
1899	Theodore Chase Memorial Fund	2,500.00

1901	Aural Surgeons Fund	$15,921.75
1901	Bequest under will of Henry Saltonstall	10,000.00
1907	Adelaid Lecompte Spalding Fund	25,000.00
1909	Bequest under will of Frederick R. Sears	20,000.00
1912	Julia M. Moseley Fund	6,190.47
1912	The Fund for Maintenance of Gardner Building	15,493.40
1912	Social Service Fund	5,000.00
1914/15	Bequest under will of William S. Hills	10,000.00
1915	Bequest under will of Harriett Otis Cruft	10,000.00
1921	Bequest under will of Clara B. Kimball	1,050.00
1921	Bequest under will of Charles Frederick Smith	8,663.00
1923	Charles B. R. Hazeltine Fund	10,000.00
1923	Harriet S. Hazeltine Fund	3,000.00
1923	Bequest under will of William F. Watson	6,000.00
1924	Bequest under will of Joseph B. Glover	28,650.00
1924	Bequest under will of Anna P. Rogers	10,000.00
1927	Alice Lee Thomas Stevenson Fund	10,000.00
1927	Charles C. Ely Fund	5,000.00
1927	Dr. E. H. Bradford Fund	1,000.00
1927	Levina B. Urbino Fund	500.00
1927	Walter C. Lewis Fund	25,000.00
1928	Mary Lowell Stone Fund	2,450.00
1931/32	George C. Pierce Fund	34,251.95
1931/33	Bequest under will of Elizabeth R. Stevens	537,527.56
1932/33	George Strong Derby Memorial Fund	10,050.10

REPORT OF THE LADIES' VISITING COMMITTEE

When we consider the present difficult times and the many demands on each person's time and resources, the members of the Ladies' Visiting Committee feel that they have had a very satisfactory year.

The Committee has continued its policy of visiting the patients and the services of a reader once a week has been given by one of the members.

Due to the untiring efforts of the members of our Committee and their friends we held a most successful Rummage Sale in February which netted $1,513.16. In October the Committee held a Pet Show at the Longwood Cricket Club. The grounds were contributed by the Club, Benches by Old Trusty Dog Food and all other expenses were met by members of our Committee. This show netted $219.57.

In response to our inquiry, Dr. Washburn suggested that one of the Hospital's most urgent needs was cribs and mattresses for the children's wards, our Committee gave $1,250.61 for this equipment. At the request of our Sub-Committee on Social Service we have given Miss Smith funds to be used in families under her care to supply glasses, milk and in some instances, clothing, convalescent care and summer vacations for children. Our Committee feels it a great privilege to be able to cooperate with the Social Service Department and to have some small part in the very splendid work done in that Department. There have been several gifts to the hospital by members, individually, which I will state briefly as follows: subscriptions to magazines and other reading matter, materials and card tables for the Occupational Therapy Department, chairs for the Men's Sun Parlor, lilies for the wards at Easter, decorations, candy and cigarettes at Thanksgiving, and candy, cigarettes and small favors for the trays and poinsettias for the wards at Christmas. The Christmas tree for the yard was given as usual by one of our members. Funds and candy were also were given for the Christmas Party at the Nurses' Home. Our Committee feels that the originality of design, arrangement and distribution of the holiday favors were most capably handled by Miss Wade.

The Students at Wellesley College sent fifty attractively dressed little dolls which were distributed among needy children by the Social Service Department.

The volunteer workers from the Junior League were most helpful this year, as always, and their earnest efforts were greatly appreciated by all who came in contact with them.

At the March meeting Dr. Washburn gave a most interesting talk which included an outline of the History of the Eye and Ear Infirmary, how it is organized to-day, a few important statistics comparing this year with last, and cited a few of the present day problems of hospital administration.

In spite of the present unstable economic conditions our Committee is looking forward to the coming year with the hope that our efforts will be of service to the Hospital Staff and the patients.

Georgia Appleton Davis,
Chairman Ladies' Visiting Committee.

REPORT OF THE DIRECTOR

To the Managers:

Gentlemen: I have the honor to submit my nineteenth and last annual report of the Massachusetts Eye and Ear Infirmary.

It seems fitting to incorporate in this report a brief résumé of the period since my appointment as Superintendent in the year 1915. In this period there have been four presidents. Dr. George B. Shattuck, Dr. Edward H. Bradford, Mr. George P. Gardner and Mr. Russell G. Fessenden. I would record my gratitude for the cordial support which they and the rest of the Board of Managers have given me. In 1915 I succeeded Dr. Farrar Cobb who had been Superintendent for twenty years and who in 1899 erected, under the direction of the Board of Managers, the present Infirmary Building and in 1909 built the Nurses' Home which is now occupied by our nurses.

The following table is interesting:

	Expenditures	*Receipts from patients*
1914	$132,513.99	$ 34,050.31
1933	412,851.79	308,885.11

It will be noted that where the expenditures have increased a little more than three times from 1914 to 1933, the receipts from patients have increased a little more than nine times.

The Infirmary now operates a considerably more extensive plant than it did in 1914. It has a private ward, three more operating rooms, a considerably more extensive x-ray plant, research laboratories and a largely developed Out-Patient Department in the connecting building erected for this purpose. There has been added a considerable optical shop for the provision of glasses for patients.

The orderly procession of events at the Infirmary was violently upset in 1917 when the United States entered the World War. Two of the members of the Board of Managers, thirty-two members of the professional staff, a number of Nurses and employees entered the service of the Army and Navy. Some were with Base Hospital No. 6, which was organized at our sister institution, the Massachusetts General Hospital. Dr. Eugene Walker was Acting Superintendent in the absence of the Superintendent on War Service. He had a very difficult job as administrator because of the shortage of staff members, both professional and others, high prices and the epidemic of Influenza. His administration under these difficult conditions was markedly successful.

In the year 1919 there was a return of those who had been to War and the present Director resumed his duties. In this year the Commonwealth of Massachusetts adopted a new constitution which made it illegal for the State to contribute towards the support of any privately managed institution. For a number of years the State of Massachusetts contributed towards the cost of the maintenance of the Infirmary to the amount of $45,000. The withdrawal of this support made it necessary to increase the charges to patients and by this means and by the strictest economy the hospital deficit in the year 1919 was only a little over $10,000 in spite of the withdrawal of the support of the Commonwealth.

In the year 1922 the Laryngological Department of the Massachusetts General Hospital was given beds in the Infirmary and its staff became members of the Infirmary staff. The Infirmary adopted a new policy by appointing Dr. Mosher as Chief of the Laryngological Department on nearly full time. He was paid by the Infirmary and the Harvard Medical School. In this same year many improvements were made in the Infirmary building. Much fire-proofing was done and the entire building was rewired; the kitchen completely renovated and a new store-room was made under it.

In 1924 the Ophthalmological Services consolidated under one Chief; the name of the Infirmary was changed from the Massachusetts Charitable Eye and Ear Infirmary to the Massachusetts Eye and Ear Infirmary. This was done because the Infirmary now had a private ward where patients paid in full for their care to both the Infirmary and the Doctor and the former name therefore, became a handicap.

In the year 1925 a very important step was made by the agreement to the close tie-up of the Massachusetts General

Hospital and the Infirmary. A committee of the Trustees and Managers of these two institutions reached an understanding and the Massachusetts General Hospital agreed to try to raise money to build the connecting building between the two institutions. The money was raised and the building begun in 1926. That same year the Managers of the Infirmary appealed to the public for funds to increase the endowment and to furnish money for extensive re-construction of the Infirmary building. Nearly $500,000 was contributed.

In 1927-28 many changes and improvements were made in the Infirmary building. These were made possible by the building of the connecting building and the moving of the Infirmary's Out-Patient Departments into that building. The Out-Patient Departments of the Infirmary and the Massachusetts General Hospital were then united under one management, a great advantage for the convenience of patients. The physical connection makes for ease of consultations between the two institutions. The Laryngological Out-Patient Department of the General Hospital became a part of the Infirmary where its beds had been for several years. There was a material change in the arrangement of the Infirmary building. The administrative offices were moved from the second to the first floor and the X-Ray Department was also moved from the third floor to the first floor. Two and three bed wards were built in the space previously occupied by these departments. A large amount of space was also provided on the first floor for the Howe Laboratory of Ophthalmology. This was to carry out an agreement with the Harvard Medical School that the Infirmary would furnish the space, heat, light and janitor work and the Harvard Medical School would pay the rest of the expense for the research laboratory of Ophthalmology. The money for this development was furnished in a large part by the late Dr. Lucien Howe who made a generous gift to Harvard of $250,000 to which was added $175,000 from the Rockfeller Foundation and $75,000 by Harvard University.

A laboratory for the Oto-Laryngological Department was made on the first floor of the Infirmary building. The heating system was changed from indirect to direct; wards were improved, radio connection was made to each bed; the laundry and nurses' Dining Room were modernized.

In the year 1929 Mrs. Lucien Howe gave the Infirmary a large library of Ophthalmology which had belonged to her husband. Space for a library on the first floor of the Infirmary building was taken and the books of the Infirmary were added to Dr. Howe's books which made a very complete library for this special service. There has been a very great improvement in the transportation facilities by the erection of the elevated station at the corner of Charles and Cambridge Streets. A traffic circle at the same corner and an under pass to the station were built. Charles Street has been made much wider and vastly improved by two one way roads with a strip of grass and trees between them. A traffic circle has also been built at the northerly end of Charles Street where it meets Leverett Street on the Boston end of the Dam.

I wish to record my appreciation and gratitude to the Visiting Ladies, Mrs. Lucien Howe, the professional staff, my executive assistants and the officers and employees of the Infirmary who have given me such cordial support during these nineteen years. The service given by these boards and officers is of the kind which money cannot buy. Only those who have worked with such loyalty can know how fine it is. I wish it were possible to make the public understand it better.

The events of 1933 call for little comment. The exception to this is that the Infirmary met with a great loss in the death of Dr. Quackenboss, for many years on the staff of the Infirmary. Others will speak of that in more detail but the Director notes the passing of a valued member of the professional staff and a personal friend. It is also with regret that I note the death of Miss Muriel F. Jones, R.N., a faithful executive assistant from March 16, 1931 to the time of her death on January 7, 1933.

The bank holiday in March was trying but the Infirmary emerged without serious inconvenience.

The depression has continued but the year ended with more general feeling of optimism for the future. Out-Patient visits increased in number. The Infirmary managed to end the year with a deficit of only $4,500.

Attention is invited to the hospital statistics in the appended tables. It will be noted that the total hospital expenses were some $4,500 less than in 1932 and that the receipts from patients fell off about $21,500, so that it was necessary to call upon the Treasurer for about $104,000 instead of about $87,000 in 1932, increasing the draft about $17,000. Stock on hand has, however, increased by about $15,000 on January 1, 1934 from that of January 1, 1933.

Frederic A. Washburn, M.D.
Director.

DIRECTOR'S FINANCIAL STATEMENT

January 1, 1933 to January 1, 1934

OPERATING EXPENSES	1933	1932
Salaries and Wages		
Administration, Officers and Clerks	$28,980.59	$27,891.02
Telephone Operators	1,315.74	1,999.86
Physicians and Surgeons	5,629.20	6,003.16
Supt. of Nurses, Assistants and Instructors	3,624.98	3,670.79
Nurses	38,814.43	38,590.24
Post Graduate Nurses	668.09	996.88
Pupil Nurses	540.91	621.53
Attendants and Ward Maids	13,747.00	14,162.20
Orderlies	12,495.32	12,407.10
Apothecary	2,955.52	2,974.39
X-Ray Operators and Clerks	6,974.95	7,091.01
Opticians	5,631.56	5,675.11
Refractionists	4,032.94	4,540.72
Messengers, Cleaners and Maids	5,448.41	5,559.70
Housekeeping Wages	14,328.45	14,342.00
Kitchen and Serving Room Wages	13,911.78	14,063.73
Laundry Wages	6,403.26	6,268.85
Laboratories	5,257.32	5,210.12
Social Service	12,168.23	12,174.61
Clinical Records	4,911.34	4,976.44
Maintenance of Buildings	15,566.85	15,808.17
Store	2,029.86	2,040.03
Occupational Therapy Worker and Kindergarten Worker	2,725.50	2,742.80
Miscellaneous	148.02	52.66
Combined O.P.D. adjustment for year	315.96	
Total	$208,626.21	$209,863.12
Special Nurses	15,159.00	18,527.00
Total Salaries and Wages	$223,785.21	$228,390.12

OPERATING EXPENSES	1933	1932
Supplies		
General Administration Expenses	$13,254.87	$11,494.05
Clinical Records	1.35	32.47
Medical and Surgical Supplies	38,023.14	32,771.73
X-Ray Supplies	3,823.03	4,192.64
Optical Supplies	18,231.74	15,433.44
Uniforms and Equipment	827.78	714.19
Housekeeping and Kitchen Supplies	13,424.91	8,697.78
Laundry Supplies	2,022.20	1,868.92
Groceries and Provisions	46,795.25	46,178.31
Expenditures for Patients S.S.Dept.	2,147.58	2,167.41
Maintenance, Property and Power Plant	6,474.62	4,953.47
Gas	1,434.41	1,600.15
Electric Lights, Nurses Home	613.32	600.18
Heat, Light and Power	16,348.03	21,200.32
Fuel, Nurses Home	1,711.47	1,769.53
Water, Hospital Buildings	3,085.34	3,402.82
Water, Nurses Home	411.98	372.48
Carrying Charge for New O. P. D.	14,496.12	13,699.56
Refunds		10,016.51
Miscellaneous	3,453.87	3,377.71
Combined O. P. D. adjustment for year	185.88	
Total Supplies	$186,766.89	$184,543.67

DIRECTOR'S FINANCIAL STATEMENT (*Continued*)

HOSPITAL RECEIPTS	1933	1932
Board, Private Patients	48,863.67	50,372.43
Operating Room Fees, Private Patients	11,943.00	13,590.00
X-Rays, Private Patients	1,881.50	1,956.50
Wassermanns, Private Patients	105.00	87.00
Miscellaneous, Private Patients	257.95	91.13
Board of Ward Patients	73,054.98	75,350.08
Operating Room Fees	15,086.42	17,790.50
X-Rays	15,127.26	16,655.87
Wassermanns	682.50	599.00
Refractions	9,705.45	7,730.70
Optical	55,616.73	61,740.71
Apothecary	15,458.95	15,482.57
Admission Fees Out-Patient Dept.	34,193.34	35,700.61
Throat Room	356.00	349.00
Clinical Records	1,521.28	1,648.64
Miscellaneous	5,181.24	8,856.06
Emergency Ward	1,557.94	1,554.95
Combined O. P. D. adjustment for year	1,094.40	
Total	$291,687.61	$309,555.75
Special Nurses — Private	15,715.00	19,037.00
Special Nurses — Ward	1,482.50	1,826.00
Total Hospital Receipts	$308,885.11	$330,418.75

SUMMARY, 12 MONTHS	1933	1932
Salaries and Wages	$223,785.21	$228,390.12
Supplies	186,766.89	184,543.67
Total Maintenance Expenses	$410,552.10	$412,933.79
Extraordinary Expenses	2,299.69	4,412.11
Total Hospital Expenses	412,851.79	417,345.90
Total Hospital Receipts	308,885.11	330,418.75
Excess of Expenses over Receipts	$103,966.68	$86,927.15

REPORT OF THE DIRECTOR

STATISTICS

January 1, 1933 to December 31, 1934

House Patients

Number of patients treated in ophthalmic wards		2,060
Number of patients treated in aural wards		544
Number of patients treated in nose and throat wards		3,189
Number of patients treated in private wards:		
Ophthalmic	587	
Aural	91	
Nose and throat	803	1,481
		7,274
Average number of patients treated daily in Public Wards		117+
Average number of patients treated daily in Private Wards		26+
Average number of days patients remained in hospital		7+
*Number of days board furnished free		21,876
*Number of days board paid at full rate in Public Wards		21,175
Number of days board paid in Private Wards		9,809
		52,860
Per capita cost per week, including special nurses, Public and Private Wards		$39.11—
Per capita cost per week, not including special nurses, Public and Private Wards		37.10
Per capita cost per day, including special nurses, Public and Private Wards		5.59—
Per capita cost per day, not including special nurses, Public and Private Wards		5.30+
Per capita receipts, including special nurses, Public Ward		2.30+
Per capita receipts, not including special nurses, Public Ward		2.27—
Per capita receipts, including special nurses, Private Ward		8.03—
Per capita receipts, not including special nurses, Private Ward		6.43—
Per capita receipts, including special nurses, Public and Private Ward		3.36+
Per capita receipts, not including special nurses, Public and Private Wards		3.04—
Per capita receipts on board only, Public Ward		1.70—
Per capita receipts on board only, Private Ward		4.98+
Per capita receipts on special fees, Public Ward (excluding board and special nurses)		.57+
Per capita receipts on special fees, Private Ward (excluding board and special nurses)		1.44+
Per capita cost of food all persons		.35+

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*These figures are obtained by taking the amount of money received for board of patients in public wards and dividing that figure by the full rate of board prevalent at that time. This gives the number of paying patients, reckoned as though they were paying full rates. By subtracting this figure from the total of patients' days we get the number of free days.

Number admitted free	966
Number admitted at less than $10.50 per week	708
Number admitted at $10.50 per week	57
Number admitted at $12.00 per week	271
Number admitted at $14.00 per week	17
Number admitted at $15.00 per week	99
Number admitted at $18.00 per week	7
Number admitted at $20.00 per week	8
Number admitted at $21.00 per week	12
Number admitted at $24.00 per week	3,583
Number admitted at $28.00 per week	50
Number admitted at $35.00 per week	15
	5,793

PRIVATE PATIENTS

Number admitted at $28.00 per week	1,044
Number admitted at $35.00 per week	27
Number admitted at $42.00 per week	7
Number admitted at $49.00 per week	390
Number admitted at $63.00 per week	13
	1,481

CONDITION OF PUBLIC WARD PATIENTS ON DISCHARGE

Untreated	0
Against advice	14
Died	43
Otherwise discharged	5,748
Remaining in hospital on December 31, 1933	78
	5,883
Patients in hospital on January 1, 1933	84
Patients' days treatment:	
(Reckoned from discharge rates)	
Paying patients	12,199*
Part-paying patients	16,888*
Free patients	13,913*
Total	43,000*

*Patients' Days Treatment (reckoned from discharge rates). Previous to June 25, 1932, all patients for whom no board had been paid upon discharge were reckoned as free patients. Since June 25, 1932 those patients for whom we have guarantees for payment of hospital bills (Boards of Health and Insurance cases) at the regular rate of $24 per week, are reckoned as paying patients. Children under 2 years of age, Boards of Health patients for whom we have guarantees at the rate of $12 per week and State Charges for whom we have guarantees at the rate of $10.50 per week, are reckoned as part-paying patients.

Percentage:	
Pay days	28+*
Part-pay days	39+*
Free days	33—*
Beds	231
Occupied	63—%

Out-Patient Department

New patients treated:	
Ophthalmic	12,389
Aural	6,155
Laryngological	4,547
Total	23,091
Additional patients' visits:	
Ophthalmic	41,269
Aural	23,111
Laryngological	16,456
Total	80,836
Total visits in the Out-Patient Department	103,927
Daily average	345+
Patients treated in the Emergency Ward	2,815
Total number free admissions, Massachusetts General Hospital and Massachusetts Eye and Ear Infirmary, Combined Out-Patient Departments	94,155

INVENTORIES

Store-Room Inventory:

	Jan. 1, 1934	*Jan. 1, 1933*
General Administration	$1,125.39	$1,125.47
Housekeeping and Kitchen	5,087.94	1,540.85
Canned Goods, Groceries, etc.	1,289.98	665.27
Medical and Surgical	4,501.83	271.51
X-Ray Department	334.42	278.25
Maintenance Supplies	378.76	401.31
Optical Department Inventory	14,221.93	7,173.69
Total	$26,940.25	$11,456.35

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*Patients' Days Treatment (reckoned from discharge rates). Previous to June 25, 1932, all patients for whom no board had been paid upon discharge were reckoned as free patients. Since June 25, 1932, those patients for whom we have guarantees for payment of hospital bills (Boards of Health and Insurance cases), at the regular rate of $24 per week, are reckoned as paying patients. Children under 2 years of age, Boards of Health patients for whom we have guarantees at the rate of $12 per week and State Charges for whom we have guarantees at the rate of $10.50 per week, are reckoned as part-paying patients.

REPORT OF THE WORK OF THE GARDNER BUILDING

JANUARY 1, 1933 to JANUARY 1, 1934

During the past year 317 patients were treated in the Gardner Building. Of these 17 were treated for gonorrheal ophthalmia neonatorum and 74 for non-gonorrheal ophthalmia neonatorum. At the time of entrance the cornea was involved in three cases of gonorrheal ophthalmia neonatorum and were not clear on discharge. At the time of entrance the cornea was involved in four cases of non-gonorrheal ophthalmia neonatorum and were not clear on discharge. The cornea became involved in no cases of gonorrheal ophthalmia neonatorum after admission.

There were 16 patients treated for gonorrheal suppurative conjunctivitis and 18 for non-gonorrheal suppurative conjunctivitis. At the time of entrance the cornea was involved in no cases of non-gonorrheal suppurative conjunctivitis. At the time of entrance the cornea was involved in three cases of gonorrheal suppurative conjunctivitis and none were clear on discharge. The cornea became involved in one case of gonorrheal suppurative conjunctivitis and no cases of non-gonorrheal suppurative conjunctivitis after admission.

There were also 21 patients treated for trachoma.

Twenty-nine patients were transferred to Gardner Building with erysipelas and other infectious diseases which manifested themselves in the general wards of the Infirmary. Of the remaining 142, 134 were admitted with infectious diseases and eight with a question of infectious diseases.

REPORT OF THE NURSING DEPARTMENT

January 1, 1933 to December 31, 1933

Census of the Nursing Personnel:

Assistant to Superintendent of Nurses	1
Supervisor	1
Instructor	1
Night Supervisor	1
Assistant night supervisor	1
Operating room supervisor	1
Operating room head nurses	5
Chief nurse anesthetist	1
Assistant Nurse anesthetists	2
Ward head nurses	6
Out-Patient Department head nurses	3
Out-Patient Department refraction nurses	3
Assistant head nurses on wards	5
General duty graduates, day and night	14
Post-graduate student nurses	4
Affiliated student nurses	13
Total	62
Attendants	20
Orderlies	15

A review of memoranda made in the office of the nursing department during the year just closed shows that the personnel has been stable, the number of certificates given large and the amount of new equipment considerable.

The graduate nursing staff, including all floors, operating rooms, and clinics average about forty-four in number. There has been one addition; a graduate night nurse on Gardner Ward. During the year only four of this staff have resigned and they had served five, four and a half, four and two years respectively. While scarcity of desirable positions is the chief factor which contributes to the stability of the staff, other contributing factors are a continual improvement in working conditions and the gradual gathering of a group of workers who have yearly grown more homogeneous. Whatever the cause, the results of a stable staff are desirable.

The number of nurses taking the two months' course seems small; the daily average of affiliating students is sixteen and the daily average of post-graduate students is four, yet the total number of certificates given last year numbered one hundred and ten. Of these, eighty-one were given to affiliating students and twenty-nine to post-graduate students. This contribution to nursing education and to the better care of numberless patients throughout many communities is an important function of the Infirmary. The appreciation of this particular branch of nursing service is best expressed by the patient who receives it.

The major pieces of equipment placed in the wards during the year are bedside curtains, Gatch beds and new cribs. The curtains and Gatch beds were installed by the Infirmary and the cribs were a gift from the Ladies' Visiting Committee. All have contributed to the comfort of the patients, to the appearance of the wards and to the ease of the nurses' work.

From the same generous committee have come several chairs for the roof of the Nurses' Home and from two individual members of the committee came refreshments for a Christmas party and from another member a year's subscription to daily and Sunday editions of two newspapers and three magazines. The Infirmary has no better friends than the members of the Ladies' Visiting Committee.

Many of the residents of the Nurses' Home have expressed appreciation of Miss Wescott's thoughtfulness for their comfort and of her good care of the building. She was appointed to the position of Matron of that building early in the year.

The following schools have sent students for affiliation in the numbers given: Massachusetts General Hospital, forty-two; Peter Bent Brigham Hospital, eight; New England Deaconess Hospital, six; Municipal Hospital of Haverhill, eight; Melrose Hospital, thirteen; Chelsea Memorial Hospital, six; Gardiner General Hospital, Gardiner, Maine, five.

Respectfully submitted,

Sally Johnson, R.N.,
Superintendent of Nurses.

REPORT OF THE MEDICAL-SOCIAL SERVICE DEPARTMENT FOR 1933

The Social Service Department during 1933 has become increasingly aware of the needs of the patients referred to it for service. These needs are more conspicuous now as so many patients are receiving aid from the public funds and as this aid often is less than adequate for ordinary living expenses, it leaves no margin for the least extra necessity. In days gone by relatives or friends could help a patient with a loan of a few extra dollars, now relatives and friends are in the same predicament as the patient. Patients who have lived in comfortable circumstances in years past have lost their homes and become dispensary patients. Then there are patients who are hanging on to homes, grimly suffering privations thereby rather than "go on" the Public Welfare list. With sickness these patients must not only muster courage but the question of expense is often too much for them to bear. Sometimes not a large amount of money is needed to carry on a plan necessary to the adjustment in their living, but some one must supply this extra sum. One or two examples will show the small amount of help which is so vital to a whole plan.

The mother of an eye patient has a complicated systemic condition that requires a special diet. The father is dead and the remaining three in the family live on a meagre allowance from the Department of Public Welfare. The mother is a good manager and is sure she can arrange her budget for this diet with the exception of the fresh fruits prescribed. Now if Social Service will supply the cost of the fruit for several months it will give the patient a chance to regain her health, besides helping her courage and morale to meet the situation.

Another patient, a young man who was a truck driver, has become deaf. He has a wife and two children to support. With chronic running ears since boyhood the man recently developed such serious trouble that he has had operations on both ears for radical mastoids. Now being totally deaf he must prepare for a new kind of employment, but first he should have lessons in lip reading. In an adjacent town there is a class to which he is eligible, his admittance fee has been given to him, but his family is on the Public Welfare list and there is no money for the car fare over a period of months. He is a hopeful, intelligent chap and a plan for his future is under consideration. Surely, Social Service should fill the gap and supply this car fare and make his future training possible.

Then there are our children patients who have shown signs of malnutrition and by supplying extra milk for a month or two we have been surprised at their improvement; our regret is in not being able to continue some of the orders for a longer time. We have felt this was such a valuable service that some of this year's Christmas donations have been spent in giving milk supplies.

Frequently we find a patient's attitude undergoing a complete change with gratefulness for some material assistance. One of our patients, a mother, has been blind for nearly ten years and should have had a home teacher from the Division of the Blind visit and give her instructions in reading Braille; also teaching her to find pleasure in doing things with her hands. She has steadily refused this assistance because she could not admit that her sight was gone forever. Due to her intelligence and wonderful courage she has been able, until recently, to carry on the routine household duties. She has a husband, a professional man, unable to earn a living because of the times. A boy earns a small wage working in a store and there is another boy and a small girl in the family. This fall she became ill and needed much medical treatment and hospital care. Milk was sent to her for a month to supplement her diet. Then during her stay in the hospital the family moved into a warmer tenement. Warm clothing was procured for her and extra milk was sent in for the little girl, as she was underweight. Fortunately, the husband's business seems to be picking up a little and it is possible he will secure work, but in another city. The mother now seems to have undergone some changes of feeling, perhaps due to gratitude or acceptance of her situation, for she wants the social worker to know that she is not obstinate and she will consider a teacher of the blind and will be glad to learn new things from her.

The report for 1933 should tell of the steady increase of glaucoma patients, this year numbering 959, which is 167 more than in 1932. Recently we felt that it would be desirable to review the glaucoma work since 1928 and so have taken Miss Gorton's reports since that time and assembled them. This makes an interesting account of the work which has been printed by The National Society for the Prevention of Blindness.

In the past three months, we have had the privilege of helping in her studies a young Egyptian student of the blind who has been in America and has become much interested in the prevention of blindness work. She has been observing in the Eye Clinic and learning of the cooperation between the Medical and Social Service staffs in the care of eye patients. She is eager to take back to Egypt any ideas which she may try to adapt in her work there.

The Ladies' Visiting Committee has given us much help and contributed generously toward our fund for milk orders, glasses and convalescent care. A gift from the Crabtree Christmas Fund helped us considerably in our Christmas giving. Also, we appreciate the grant from the Permanent Charity Fund for without this our work would suffer much.

The following three tables will help to give a picture of our cooperation with other agencies; our problem of securing funds for glasses, and the intake of work for the year.

Total amount of money collected by workers from interested persons, relatives and agencies for hospital apparatus or care for patients	$2,024.15	1595.77
Number of patients steered for some particular service for agency or person	509	473
Services secured through community agencies:		
Nursing care in the home	165	254
Dietitian sent into the home	1	1
Sanatoria or special hospitals used	71	61
Convalescence or Rest Homes used	20	21
Summer camps or vacation homes	27	9
Local Doctors and clinics used	57	160
Material Relief, food or clothing	84	72
Industrial adjustments	10	11
Educational and School adjustments	420	349

1934 figures

REPORT OF THE MEDICAL-SOCIAL SERVICE DEPARTMENT

Temporary shelter		4	– 6
Children's Agencies		15	– 14
Transportation of patients		10	– 44
Settlements and Churches		10	– 9
Correctional Departments		8	– 11
Legal Aid		2	– 4
Miscellaneous		20	– 35
Total number of glasses secured by patients through Social Service (including 8 artificial eyes)		756	708
Cost of these glasses and eyes 57.		$3,450.03	3478.1
Social Service paid	$1,106.85		869.87
Patients paid	875.37		776.12
Community agencies, other hospitals and friends paid	877.06		1440.71
Emergency Relief Fund paid (during 9½ months)	590.75		391.40
Number of patients who paid part or total cost of their glasses		256	250

Cases brought forward from the previous year	292	329
New and recurrent recorded cases	633	551
Total number of Glaucoma cases carried (recorded and follow-up)	959	1046
General unrecorded work	2,280	2258
Total number of patients for whom some Social Service was rendered	4,164	4184
Follow-up clinic cases during the year	610	– 514
Patients referred to the Division of the Blind	298	– 174
Patients hard of hearing referred for special instruction	400	– 486
Children admitted to Schools for Deaf Mutes	18	– 16
Visits to homes of patients and agencies in behalf of patients	1,272	– 1043

Respectfully submitted,

AMY G. SMITH,
Chief Medical-Social Worker.

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REPORT OF THE OCCUPATIONAL THERAPY DEPARTMENT

At the close of 1933 as we take stock of the activities of the year, it is amazing to note how large a part of the work of this department has been concerned with the growth and progress of the Patients' Library. There has been an increase of 40% in circulation over 1932 which was the first year of an organized library service. It has been necessary to take over three sections of the unused bookcases in the Surgeons' Library to take care of the large number of books for which the original bookcase in the rotunda on the third floor is now hopelessly inadequate.

The appended figures show graphically how the circulation has grown:

	1933	1932
Volumes circulated to patients	3,987	2,692
Average number circulated per month	332	244
Average number circulated per visit	28	17
Volumes added (including 16 in Italian)	233	

The usual routine occupational therapy projects with Ward patients has continued with the addition of a few new minor crafts suitable for bedside work. No great forward strides can be noted until an occupational therapy workshop is established to which the patients can go for two or three hours daily to work on projects which are impossible to execute at the bedside.

It would be of inestimable value, particularly to the ambulatory patients, if there could be such a shop combined with a suitable library and reading room apart from the bed patients.

In addition to Occupational Therapy and Bibliotherapy there is an unmeasurable amount of Conversational Therapy engaged in daily, often over an hour being spent with one patient. When one must face such crises as the complete loss of all sight or the permanent impairment of hearing there is much the therapist can do by lending a friendly ear and trying to steer the patient toward a more confident attitude in the outcome of their treatment.

REPORT OF THE OCCUPATIONAL THERAPY DEPARTMENT

During the year fourteen students from the Boston School of Occupational Therapy were sent to the Infirmary, each for one month of their nine months' hospital training period. The two students each month have twenty hours of medical lectures and clinics on the Anatomy and Diseases of the Eye, Ear, Nose and Throat. This gives them a working knowledge of, and insight into, the history of each case referred for occupational therapy. A list of over one hundred medical terms and abbreviations is given with which they are expected to be conversant before leaving for their next hospital training.

We are greatly indebted to Mrs. Edward Putnam, a recent graduate therapist, for her services so generously volunteered during the summer months.

Sincere appreciation is expressed to the Ladies' Visiting Committee for their continued support and generosity particularly in the holiday season. Special thanks are due Mrs. Davis, Mrs. Chandler, Mrs. Higgins, Miss Madden and Mrs. Sargent for the subscriptions to seven magazines for the Library.

Respectfully submitted,

Helen K. Wade, O.T. Reg.,
Occupational Therapist.

REPORT OF THE PATHOLOGICAL LABORATORY

It is a pleasure to report that the year 1933 has been a very satisfactory one for the personnel of the Pathology Laboratory. We have been able to keep well caught up on the routine work. We have been able to complete our diagnoses sooner than heretofore, due to changes in the routine of preparing the specimens. We have been able to devote a somewhat larger amount of time to research problems. There has been a definite increase in the number of sarcomas of the choroid coming to the Laboratory. It is interesting to note that most of these sarcomata were at least suspected, if not diagnosed before the enucleation, which had not been the case heretofore. Dr. Terry is continuing his studies of sarcoma cases. He hopes to complete this study and publish a preliminary report early in 1934.

There have been a number of unusual specimens sent to the Laboratory. Of this number, there were two specimens showing endophthalmitis following infection of trephine blebs; there were three specimens of exfoliation of the lens capsules; there were two specimens showing ring abscess of the cornea; there was one specimen of brawny scleritis; there were two specimens showing sympathetic uveitis; there was one specimen of pemphigus; and there was one specimen of lattice keratitis.

A permanent exhibit of some eighty conditions has been prepared. This exhibit was shown at the meeting of the American Academy of Ophthalmology and Oto-laryngology in September. The exhibit has been put in loose leaf book form and is on the shelves of the Howe Library of Ophthalmology.

In addition to the sarcoma studies, research is being conducted to show the relation of angioid streaks to Paget's disease; in surgery of the cornea and in the nature of melanotic pigmentation.

Miss Bennett has just returned from the Army Medical Museum in Washington where she made a study of the celloidin cedar oil method of preparing sections which is being introduced into this Laboratory. This method gives great promise of improving the quality of our miscroscopic sections.

Respectfully submitted,

THEODORE L. TERRY, M.D.,
Pathologist.

REPORT OF THE HOWE LABORATORY OF OPHTHALMOLOGY

The policy of the Howe Laboratory is to investigate continuously certain major problems, and from time to time other problems relating to ophthalmology which may present themselves. As regards results, the secondary problems that arise in the course of the investigations of the major problems may be even more promising and important than the latter. In the various investigations methods may be developed that are obviously well adapted to the solution of problems not closely related to the major problems. In such cases the investigation of the new problems thus suggested will be undertaken. Problems that arise in connection with the clinical work of the Infirmary will also be investigated if sufficiently important and if it seems probable that they can be solved through the assistance of the Laboratory. The facilities of the Laboratory are open to any one who presents an important problem together with methods which in the opinion of the Director are adequate for its solution.

Dr. Keeler's major problem, as regards the Howe Laboratory, is the relation of heredity to diseases and anomalies of the eye. The work he has carried out during the past year he has summarized as follows: "During the year (February through May) we gave a voluntary course of sixteen lectures upon Heredity in Relation to Medicine to students of the Harvard Medical School, supplemented by an experimental laboratory course for those desiring it. Special emphasis was placed upon the Heredity of Ophthalmological Defects.

A survey of Heredity Blindness was organized in the more important schools for the blind of the United States and Canada. As a result of this effort we now possess information upon the incidence and types of Hereditary Blindness in Massachusetts, Missouri, Montana, Oklahoma, Ohio, Ontario, Pennsylvania, South Dakota, and Hawaii. Although this information has not yet been followed up by personal pedigree studies, the data indicate the proportion of heredity blindness to be much greater than generally supposed, in some schools amounting to between twenty-five and thirty per cent.

Our genetic study of the rodless mouse eye has been continued. Evidence has been obtained for the presence of a ciliary nerve in the rodless eye. The rodless character has been combined with absence of corpus callosum for linkage studies. Mice of a particular genetic constitution were found to have stationary pupils. This character we are attempting to stabilize for future studies.

During the year seven papers upon genetic experiments upon cats, rabbits, and mice have been published in scientific journals. The experiments with cats and rabbits have a particular interest for Ophthalmological Genetics. We have shown that the Silver Cat, having a slightly diluted retinal pigmentation, and the Siamese Cat, having an almost pigmentless eye, are genetic allelomorphs. We have shown that the allelomorphic immune agglutinogens, H_1 and H_2, of the rabbit are not genetically linked with any of the different pigment variations of the eye found in Dutch, Yellow, Chocolate, Blue, Vienna White, of the albino series of allelomorphs."

Dr. King's major problem is that of ocular tuberculosis. He is attempting to reproduce experimentally lesions of intraocular tuberculosis such as are encountered in actual clinical cases. He is also attempting to correlate quantitatively the intracutaneous tuberculin test with certain lesions of the eye and to determine the therapeutic value of tuberculin in ocular tuberculosis. He is also investigating the question of the practical importance of the Brucella group of organisms in the causation of certain fundus conditions and is continuing his study of ocular pemphigus. He investigated bacteriologically certain cases referred from the clinic of the Infirmary. Recently he has succeeded in obtaining the Leptothrix in pure culture from another case of Parinaud's Conjunctivitis, thus confirming our previous work on this disease.

Dr. Gundersen's major problem relates to herpes of the cornea and allied conditions, and he has made many important observations in connection with his investigation of the subject. He has also studied the absorption of blood from the human cornea and the effect of blood vessels on the healing of corneal ulcers. He has ascertained the cause of the black deposits that commonly result from the sub-conjunctival injection of adrenin. His study of the vaso-dilator nerve supply to the eye has been interrupted, but he expects to resume it at an early date.

Mr. McCarthy's major subject is color vision and its anomalies. He has constructed and installed an elaborate apparatus that is believed to be more accurate than any other hitherto employed for the purpose. This instrument will be used not only for the work in color vision, but in researches in the basic physiological relations among hue, saturation and brilliance in light. Mr. McCarthy will be assisted in his work by Mr. Ludvigh, who has recently joined our staff.

Dr. Verhoeff's major problem is that of binocular vision and its relation to strabismus. In this study an attempt will be made to ascertain and correllate the hereditary factors of strabismus. Several new phenomena of stereoscopic vision have been discovered. One of these is that lowering the luminosity of one disparate retinal image of an object causes a lateral displacement in the apparent position of the object and at the same time diminishes the depth effect. It was found that these effects were the same as would result from decreasing the disparateness of the retinal image while its luminosity remained equal to the other image. In this investigation Mr. McCarthy made the necessary measurements of illumination. Dr. Verhoeff has completed an investigation of the cycloduction possessed by individuals with normal eyes. The methods and apparatus devised in this investigation will later be utilized in a study of abnormal cases. Dr. Verhoeff and Dr. Bair have devoted much time to an investigation of visual acuity, in the course of which Dr. Verhoeff devised a new test which is believed to be more accurate and delicate than the Snellen and other tests for visual acuity commonly employed. This test is now published by the American Optical Company. Dr. Verhoeff has devised and constructed in the laboratory an instrument that makes possible the suturing of the wounds of cataract operations without endangering the eye during the procedure. This greatly increases the safety of operations for cataract. Hitherto secure suturing of the wounds has not been employed owing to the difficulty and danger incident to the insertion of the sutures.

At the recent meeting of the American Academy of Ophthalmology and Oto-laryngology in Boston, an afternoon was allowed for the members to inspect the Howe Laboratory and Library. The staff of the Laboratory demonstrated the work accomplished and in progress. Dr. Keeler personally demonstrated a noteworthy exhibit he had assembled, illustrating the relation of heredity to ophthalmology.

During the past year the Howe Library has received numerous additions of books, periodicals and pamphlets. Its usefulness to the Laboratory and Infirmary is demonstrated by a steadily increasing number of visitors. As a member of the committee in charge of the Library, Mrs. Lucien Howe has continued to render valuable service, greatly appreciated by the staffs of the Infirmary and Laboratory.

Frederick H. Verhoeff, M.D.,
Director.

REPORT OF THE DEPARTMENT OF OPHTHALMOLOGY

During 1933 the department has given support to teaching, to clinical research and to the routine work of the hospital.

Members of the ophthalmic staff at the Infirmary have participated in clinical instruction given to medical graduates registered under the Course for Graduates at the Harvard Medical School, to undergraduates from the Harvard and the Tufts medical schools and to the ophthalmic house officers at the Infirmary. The house officers course is now in its seventh year and it comprises weekly instruction in scientific subjects during the school year and in the translation of scientific German during the summer months.

Clinical research by members of the department has followed several lines of endeavor. Dr. Lancaster and Dr. Regan have been interested in the replacement of detached retinae by electrocoagulation. Dr. Lowell has carried on his work in the surgical treatment of strabismus. Dr. Riemer and Dr. Chandler independently have been studying the effectiveness of dacryorhinostomy in obstructed tear passages. Dr. Dunphy has investigated different types of optic atrophy. Dr. Waite and Dr. Beetham have gathered two thousand cases of diabetes from the service of Dr. Joslin at the Deaconess Hospital, have attempted to correlate ocular complications in diabetes with abnormal blood constituents, and for control they have made similar studies and comparisons in about five hundred non-diabetics from the medical wards of the Massachusetts General Hospital. Dr. Casten has continued his interest in the problems of ophthalmic neurology. Drs. Gundersen, King and Bair have been collecting clinical series from the eye out-patient department along the lines of research work they are doing in the Howe Laboratory.

The routine work in the eye clinics and eye wards continues to be heavy. During the year admissions to the eye wards for medical or surgical treatment exceeded two thousand patients. The glaucoma follow-up list now includes over nine hundred names and each of these patients through the able services of the social service department is brought back to the clinic for restudy three or four times a year. Out-patient examinations from all departments are now being recorded in chronological order upon the out-patient record cards, in an effort to make all records more accessible.

We regret to record the death in October of Dr. Alexander Quackenboss, who retired from active service in 1923 after serving so conscientiously for thirty years through all the grades from clinical assistant to chief of staff.

Dr. Maud Carvill and Dr. Edith Cogan were retired during the year upon reaching the age limit. It is a pleasure to acknowledge the faithful and willing services of these two staff members and to extend to them the continued courtesy of the institution.

J. HERBERT WAITE, M.D.,
Chief of Ophthalmology (*acting*).

REPORT OF THE DEPARTMENT OF OTO-LARYNGOLOGY

In the Out-Patient Department and in the House the usual routine of the hospital has been carried out. The attendance at the Out-Patient has been larger than usual.

The screening of the beds in the open wards is a welcome improvement. The patient now can have a sense of privacy which from necessity has been lacking before. This was especially welcome to the Staff in one recent case of hemorrhage from cancer of the lung.

Dr. Mysel reviewed the cases of labyrinthitis at the Infirmary for the past ten years. His report led to an important summing up of our results and a checking up with those of other institutions. We stand well, but there is naturally room for improvement.

Dr. Page has continued his investigations on the bacteriology of bronchial mucus, and is testing out a new and more accurate method of detecting tubercle bacilli which was described in the literature recently.

Dr. Mueller has joined the Staff and has been assigned to the Anaphylactic Clinic under Dr. Rackemann to assist Dr. Weille. The investigations on hay fever and asthma continue.

Dr. Poirier is checking up on the Mosher-Toti tear sac operation. Dr. Smyth has prefected a new and valuable instrument for removing peanuts from the bronchi by suction.

Dr. Garland has given much time and thought to the hospital instrument equipment. A new bone drill for cases of osteomyelitis of the skull is an important addition to our armentarium. He has continued his outstanding work on cancer of the base of the tongue.

The Wednesday Clinical meetings of the Staff continue to present a surprising variety of instructive cases. The meetings do not seem to lose their sprightliness. We are still indebted to Dr. Meltzer for editing for publication in the Archives of Oto-laryngology the material presented. A number of men in other cities have said that they always look forward to reading these reports.

Dr. Herman, who is a senior surgeon at the Infirmary and also a member of the Tumor Clinic of the main hospital has continued in charge of the malignant cases at the Infirmary and supervises the use of radium. Dr. Herman and Dr. Smyth are at present checking up on the efficiency of radium in the treatment of malignancy of the larynx and the proper selection of cases for this procedure. Two cases have been operated by the Harmer method, that is, the implantation of radium in a window resected in the thyroid cartilage.

The importance of the Infirmary hook up with the thoracic clinic steadily grows. Dr. Churchill's cooperation in our special surgical cases is a bright spot. He has operated three referred cases of malignancy of the upper end of the esophagus. Previously, most of these cases have been considered inoperable. He has operated, also, his second case of cardiospasm by anastomosis of the lower end of the esophagus and the fundus of the stomach. In the diagnosis of malignancy of the lung, the bronchoscopic service of the Infirmary is his mainstay.

In connection with the teaching of the House Officers, Dr. Poirier has taken charge of the instruction in tonsillectomy. In preparing for this work, he went to New York and familiarized himself with the work there. A new operating table and some new instruments were necessary for one type of tonsil operation and these were obtained. Two more operating tables would make the equipment complete. Three tables would make it possible to keep the patient on the same table from the etherizing room to the operating room and back to the recovery ward. This procedure would greatly safeguard the operation by helping to keep blood and mucus from being inhaled.

Dr. Large from the Crile Clinic spent six months studying bronchoscopy at the Infirmary. His routine included attendance at the thoracic clinic, assisting Dr. Smyth in bronchoscopies, animal experiments under Dr. Mosher at the Medical School and demonstrations on anesthetized dogs in the fluoroscopic room by Dr. Smyth and Dr. Macmillan.

The House Officers have appreciated the opportunity which they have when they act as internes for the Baker Memorial Hospital of assisting Dr. Kazanjian. This is an important part of their surgical training and is a very attractive feature of their House Officer service.

Dr. Lurie, in connection with Professor Davis and Dr. Saul of the Department of Physiology at the Medical School, has continued the important investigations on the phenomena of hearing. This set of experiments has given the most important advance in our knowledge of the physiology of hearing which has occurred in the past ten years. Dr. Lurie recently summarized the results of this investigation in a brilliant paper before the College of Surgeons in Philadelphia. Dr. Lurie, in connection with the House Officers in charge of the Throat Laboratory, is putting through an important series of bone specimens of the internal ear. It is a great satisfaction to have systematic work in the pathology of the internal ear carried on at the hospital.

The Chief of Service is very much gratified at the part which the members of the Staff are taking in national medical meetings. Dr. Cahill contributed one of the outstanding papers at the meeting of the Section of Oto-laryngology of the American Medical Association held in Milwaukee in June. Dr. Berry, whom the Infirmary claims as one of its own since he was Infirmary trained, also read a notable paper. In the teaching section of the American Academy members of the Infirmary Staff took a prominent part.

During the year Dr. George L. Tobey read a paper in San Francisco before the Pacific Coast Oto-laryngological Society and Dr. Harold G. Tobey read a paper in Dallas before the Pan American Medical Society.

As his chariman's address at the meeting of the Section of Oto-laryngology of the American Medical Association, Dr. Mosher presented a paper based on research work on infection of the esophagus in acute and chronic systemic disease. This new work rounds out the research work which he has been engaged in for the past ten years.

The American Board of Oto-laryngology held an examination in Boston in November last in connection with the meeting of the American Academy of Ophthalmology and Oto-laryngology. The set up for the examination was the best which the Board has ever had. This was a great source of satisfaction and pride to Dr. Mosher because he has been President of the Board since its inception seven years ago and this was the first meeting of the Board in Boston. The unusual courtesy of stopping the Throat and Ear Out-Patient Department for the day except, of course, for the admission of emergency cases and giving the rooms over to the use of the Board, was extended by the Director of the hospital. The Women's Out-Patient Medical Department also gave up most of their rooms. This made the equipment for the examination ideal. The House Officers and members of the Staff acted as helpers in directing candidates to the various examiners. The Infirmary generously furnished the examiners and the candidates with a most excellent lunch. All of these courtesies were greatly appreciated.

At the dinner in connection with the meeting of the Academy, the Director volunteered another courtesy, namely, the loan of the Ether Film. The chief speaker of the evening was Dr. Packard of Philadelphia, who spoke on early American physicians and their training. The film came last on the program and made a striking climax.

The Boston meeting of the American Academy of Ophthalmology and Oto-laryngology was held under the Honorary Chairmanship of Dr. Mosher. The chairman of arrangements was Dr. Schall. At this meeting Dr. Schall was elected Chairman of the Section of Oto-laryngology of the Academy, a well deserved honor.

Last January, Dr. Porter as Chairman of the Eastern Section of the American Laryngological, Rhinological and Otological Society, held his meeting at the Infirmary. It was a conspicuous success. At this meeting Dr. Mosher and Dr. Judd read a paper on osteomyelitis of the skull in which valuable research work was brought out.

As has been customary for a number of years past, the New England Oto-laryngological Society has held most of its meetings at the Infirmary in the Throat and Ear Out-Patient rooms. These rooms have worked out, as it was hoped they would, unusually well for this purpose.

This is the last annual report which the Chief of Staff in

Oto-laryngology will be privileged to send to the present Director. His thanks for many years of full cooperation are here expressed. The steady increase of facilities for successful work at the Infirmary; the great increase of equipment; the continual rise in the professional attainments of the Staff and its high morale, are due in great part to the Director. These accomplishments are already matters of record and will not be reviewed. The writer and the Staff, however, hope that they may be allowed to express their sincere appreciation. For himself, the Chief of Service also hopes that he will be pardoned in view of the coming change, for allowing a tinge of loneliness to creep into the report at this point.

Harris P. Mosher, M.D.,
Chief of Otology and Laryngology.

REPORT OF THE X-RAY DEPARTMENT

There has been a decrease of slightly over 1% in the number of patients seen in the X-Ray Department this year over that of 1932.

Various positions and techniques are employed to make the Roentgen findings more accurate. Apparatus is now used which enables us to take sinus films in the erect position. This position shows the fluid level in the antra and other sinuses.

Dilation of the esophagus under fluoroscopic control is being carried on and forty patients are being treated in this way.

The following is a tabulation of the examinations:

1	Sinuses	2,946
2	Thymus	1,806
3	Mastoids	1,355
4	Teeth	626
5	Oesophagus	373
6	Treatments	345
7	Chest	339
8	Foreign Body eye	192
9	Skull	146
10	Nose	106
11	Jaws	80
12	Cervical spine	70
13	Petrous tips	27
14	Lipiodol injection	23
15	Abdomen	19
16	Sella tursica	18
17	Bronchoscopy	13
18	Long bones	5
19	Optic canals	4
20	Miscellaneous	33
	Total number of examinations	8,527
	Total number of patients	7,896

A. S. Macmillan, M.D.,
Roentgenologist.

SCIENTIFIC PAPERS PUBLISHED OR READ BY THE SURGICAL STAFF

JANUARY 1, 1933 TO JANUARY 1, 1934

"Involvement of the Esophagus in Acute and in Chronic Infection." By Dr. Harris P. Mosher. Chairman's address read before the Section in Otology, Rhinology and Laryngology of the American Medical Association, Milwaukee, June 14, 1933. *Archives of Oto-laryngology,* Vol. 18, No. 5, November, 1933.

"An Analysis of Seven Cases of Osteomyelitis of the Frontal Bone Complicating Frontal Sinusitis." By Dr. Harris P. Mosher and Dr. Delbert K. Judd. *The Laryngoscope.* March, 1933.

"An Improved and a New Test for Stereoscopic Vision." By Dr. Frederick H. Verhoeff. *American Journal of Ophthalmology,* Vol. 17, No. 7, July, 1933.

"A New Test for Visual Acuity." By Dr. Frederick H. Verhoeff. *Archives of Ophthalmology,* Vol. 10, pp. 226–230, August, 1933.

"Ophthalmology as a Career." By Dr. Frederick H. Verhoeff. Chairman's Address, Section on Ophthalmology, *A.M.A. Journal of the American Medical Association,* Vol. 101, pp. 649–652, August 26, 1933.

"Effect on Stereopsis Produced by Disparate Retinal Images of Different Luminosities." By Dr. Frederick H. Verhoeff, *Archives of Ophthalmology,* Vol. 10, pp. 640–645, November, 1933.

"Ocular Syphilis." By Dr. J. Herbert Waite. Chapter in "Diseases of the Eye," by Dr. Conrad Berens. (Not yet published.)

"Light Minimum in the Diabetic." By Dr. J. Herbert Waite. Transactions of the American Ophthalmological Society, Sixty-Ninth Annual Meeting, 1933.

"Ocular Complications in Diabetes." By Dr. J. Herbert Waite. New York Academy of Medicine, December 19, 1933.

"Relation of Focal Infection to Diseases of the Eye." By Dr. W. Holbrook Lowell. Read before the Harvard Odontological Society, Boston, Massachusetts, May 18, 1933. To be published in *The Dental Cosmos.*

"Bronchoscopy as an Aid in the Diagnosis and Treatment of Obscure Pulmonary Conditions." By Dr. D. Campbell Smyth. Talk before the staff of the Symmes Hospital, Arlington, Massachusetts, June 13, 1933.

"Bronchoscopy as an Aid in the Diagnosis and Treatment of Obscure Pulmonary Conditions. By Dr. D. Campbell Smyth. Talk before the Worcester Medical Society, Worcester, Massachusetts, June 28, 1933.

"Disease of the Paranasal Sinuses from the Roentgenologist's and Clinician's Standpoints." By Dr. D. Campbell Smyth. The *American Academy of Ophthalmology and Otolaryngology.* Boston, Massachusetts, September 19–21, 1933. (Post Graduate Teaching Course.)

"The Paranasal Cavities." By Dr. D. Campbell Smyth. A review of the literature of 1932. *Archives of Oto-laryngology.* August, 1933. Vol. 18, pp. 202–241.

"The Cause of Disphagia." By Dr. A. S. Macmillan. Talk before the staff of the Symmes Hospital, Arlington, Massachusetts, June 13, 1933.

"Some of the Causes of Sinusitis." By Dr. A. S. Macmillan. Talk before the Worcester Medical Society, Worcester, Massachusetts, June 28, 1933.

"Disease of the Paranasal Sinuses from the Roentgenologist's Standpoint." By Dr. A. S. Macmillan. *The American Academy of Ophthalmology and Oto-laryngology.* Boston, Massachusetts, September 19–21, 1933. (Post Graduate Teaching Course.)

"Nasal Deformities and Their Repair." By Dr. V. H. Kazanjian. Lecture before the American Laryngological, Rhinological and Otological Society, Massachusetts Eye and Ear Infirmary, Boston, Massachusetts, January 6, 1933.

"Prosthesis of the Mouth and Face." By Dr. V. H. Kazanjian. Lecture before the Westchester Dental Society and Yonkers Academy of Medicine, Yonkers, New York, January 17, 1933.

"Malignancy of the Face and Jaws." By Dr. V. H. Kazanjian. Lecture before the Manchester Medical and Dental Societies. Manchester, New Hampshire, April 11, 1933.

"Fractures of the Facial Bones." By Dr. V. H. Kazanjian. Lecture before the Fracture Service Meeting, Massachusetts General Hospital. Boston, Massachusetts, May 5, 1933.

"Dentistry in Relation to the Diagnosis and Treatment of Malignant Tumors of the Mouth." By Dr. V. H. Kazanjian. Lecture before the Massachusetts Dental Society. Boston, Massachusetts, May 2, 1933.

"Traumatisms of the Face and Jaws with Special Reference to Complications." By Dr. V. H. Kazanjian. Lecture before the Chicago Centennial Dental Congress. Chicago, Illinois, August 7, 1933.

"Injuries of the Face, including the Eyelids and Nose, with Especial Reference to Automobile Accidents." By Dr. V. H. Kazanjian. Lecture before the American Academy of Ophthalmology and Otolaryngology. Boston, September 20, 1933.

"Fractures of Facial Bones." By Dr. V. H. Kazanjian. Lecture before the American Academy of Dental Science. Boston, October 4, 1933.

"Injuries of the Face with Special Reference to Automobile Accidents." By Dr. V. H. Kazanjian. Lecture before the East District Medical Society. Stoneham, Massachusetts.

"Treatment of Automobile Injuries of the Face and Jaws." By Dr. V. H. Kazanjian. *The Journal of the American Dental Association.* Vol. XX, Pages 757–773, May, 1933.

"Metastatic Carcinoma of Optic Nerves Simulating Retrobulbar Neuritis." By Dr. Edwin B. Dunphy and Dr. T. L. Terry. *Archives of Ophthalmology*, November, 1933.

"Cancer of the Larynx." By Dr. LeRoy A. Schall. *International Journal of Medicine and Surgery*, June, 1933, page 283.

"The Histology and Chronic Inflammations of the Nasal Mucous Membranes." By Dr. LeRoy A. Schall. *The Annals of Otology, Rhinology and Laryngology.* Vol. XLII, No. 1, March, 1933, page 15.

"Progress of Laryngology." By Dr. LeRoy A. Schall. *New England Journal of Medicine.* Vol. 209, No. 23, December 7, 1933, page 1162.

"The Cause and Treatment of Crossed Eyes." By Dr. Paul Chandler. Broadcast for Public Education Committee of the Massachusetts Medical Society and the Massachusetts Department of Public Health. December, 1933.

"Clinical Aspects of Persistent Right Aortic Root." By Dr. Carl H. Ernlund, Dr. Howard B. Sprague and Dr. Fuller Albright. Read at the meeting of the American Climatological and Clinical Association. Published in the *New England Journal of Medicine*, October 5, 1933.

"Branchial Fistula." By Margaret N. Kleinert. *Archives of Oto-laryngology.* October, 1933, Vol. 18, pp. 518.

"Phylogenic Development of the Vertebrate Cochlea." By Dr. Moses H. Lurie. Read before the American Otological Society meeting in May, 1933. *Annals of Otology, Rhinology and Laryngology*, December, 1933.

"Ophthalmology in General Medicine." By Dr. Benjamin Sachs. Caduceus. Tufts College Medical School, 1933.

"Metastatic Carcinoma of both Optic Nerves Simulating Retrobulbar Neuritis." By Dr. Theodore L. Terry and Dr. E. B. Dunphy. *Archives of Ophthalmology*, Vol. 10, No. 5, November, 1933.

"Diagnostic Value of Test of the Light Sense in Early Glaucoma." By Dr. Virgil G. Casten and Dorothy Shadd, M.A. *Archives of Ophthalmology*, Vol. 9, page 52, 1933.

"The Surgical Treatment of Chronic Sinusitis in Asthma." By Dr. Francis L. Weille. The *Journal of the American Medical Association*, January 28, 1933. Vol. 100, pp. 241–245.

"Frontal Osteoma; Moulding Misplaced Frontal Septum." By Dr. Z. William Colson. *Laryngoscope*, August, 1933.

"Glands of the Esophagus." By Dr. Percy E. Ireland. The *Laryngoscope*. May, 1933.

"Plasmacytoma of the Nose and Nasopharynx." By Dr. Frederic J. Pollock. In press.

"Medical Social Service in the Control of Glaucoma." By Amy G. Smith, Chief Medical-Social Worker. Published in *Bulletin No. 7 of the Committee of Medical Social Eye Workers*, December, 1933.

TABLE OF DISEASES

COMPILED FROM RECORDS

JANUARY 1, 1933 TO JANUARY 1, 1934

	House	Out-Patient
SECTION I		
Specific Infectious Diseases. General Diseases	268	182
SECTION II		
Diseases due to Animal Parasites	6	6
SECTION III		
Diseases of Metabolism and Deficiency	56	2
SECTION IV		
Diseases Peculiar to Infancy	103	43
SECTION V		
Diseases due to Physical Agents	2	
SECTION VI		
Poisonings. Intoxications	2	
SECTION VII		
Tumors, Benign and Malignant	365	1077
SECTION VIII		
Congenital Malformations	56	12
SECTION IX		
Injuries	68	93
SECTION X		
Diseases of the Skin	43	240
SECTION XI		
Diseases of the Circulatory System	35	58
SECTION XII		
Diseases of the Lymphatic System	19	42
SECTION XIII		
Diseases of the Blood and Blood-Forming Organs	18	3
SECTION XIV		
Diseases of the Ductless Glands	5	9
SECTION XV		
Diseases of the Nervous System	91	51

	House	Out-Patient
SECTION XVI		
Diseases of the Bones, Joints, Muscles, Tendons and Fascia	16	7
SECTION XVII		
Diseases and Injuries of the Eye and Ear		
Diseases of the Eye	2,911	18,514
A. General	470	11,976
B. Lids	75	830
C. Lacrimal Apparatus	71	255
D. Conjunctiva	65	1,400
E. Cornea	302	1,457
F. Anterior Chamber	40	57
G. Sclera	16	52
H. Lens	957	991
J. Uveal Tract	46	80
1. Iris	130	236
2. Ciliary Body	14	21
3. Choroid	31	79
K. Retina	119	189
L. Vitreous	47	77
M. Optic Nerve	30	191
N. Eyeball	193	196
O. Orbit	38	9
P. Disturbances of Motion	267	418
Diseases of the Ear	674	4,332
Q. General	1	82
R. Auricle	12	14
S. External Auditory Canal	16	1,253
T. Eustachian Tube		197
V. Middle Ear and Mastoid	615	2,478
W. Internal Ear	30	308
SECTION XVIII		
Diseases of the Nose and Accessory Sinuses	686	2,037
SECTION XIX		
Diseases of the Mouth, Lips, Cheeks, Pharynx, Tonsils and Palate	2,870	2,785
SECTION XX		
Diseases of Jaw, Teeth and Gums	22	80
SECTION XXI		
Diseases of the Tongue		1

TABLE OF DISEASES

	House	Out-Patient
SECTION XXII		
Diseases of Esophagus	96	31
SECTION XXIII		
Diseases of the Stomach	1	
SECTION XXV		
Diseases of the Liver and Biliary Tract	1	
SECTION XXVIII		
Diseases of the Rectum and Anus	1	
SECTION XXIX		
Diseases of the Larynx	28	84
SECTION XXX		
Diseases of the Trachea and Bronchi	22	6
SECTION XXXI		
Diseases of the Lungs	7	
SECTION XXXII		
Diseases of the Pleura and Mediastinum	5	
SECTION XXXIII		
Diseases of the Kidney and Ureter	7	
SECTION XXXVI		
Diseases of the Male Generative Organs	1	
SECTION XL		
Anaphylaxis	19	59
SECTION XLII		
Ill-Defined or Unclassified Diseases	95	6,688
Totals	8,599	36,442

LIST OF GRADUATE HOUSE OFFICERS OF THE MASSACHUSETTS EYE AND EAR INFIRMARY

Alexander, Seeyman L., *Aural*, 1919.
151 Bloor Street, W., Toronto, Ontario, Canada.
Allen, John H., *Aural*, 1904. 717 Congress Street, Portland, Maine.
Allman, Charles H., *Oto-Laryngological*, 1930.
520 Commonwealth Ave., Boston, Mass.
Amadon, A. M., *Aural*, 1897–98. (Deceased.)
Amberg, Emil, *Aural*, 1897. 662 Macabees Building, Detroit, Michigan.
Anthony, Marc, *Ophthalmic*, 1929.
Westminster Apts., Spokane, Washington.
Aylesworth, Frederick A., *Ophthalmic*, 1916.
Suite 1001, Medical Arts Building, Toronto, Ontario, Canada.
Bair, Hugo L., *Ophthalmic*, 1932. Mayo Clinic, Rochester, Minnesota.
Barss, Richard, *Ophthalmic*, 1877.
Bassen, Edward J., *Ophthalmic*, 1928.
698 Madison Ave., New York City, N. Y.
Baur, Frederick E., *Aural*, 1902.
43 Grande Ave., Milwaukee, Wisconsin.
Beetham, William P., *Ophthalmic*, 1929. 5 Bay State Road, Boston, Mass.
Berry, Gordon, *Aural*, 1910. 36 Pleasant Street, Worcester, Mass.
Bigelow, F. Nolton, *Aural*, 1910. (Deceased.)
Birdsall, Clarence H., *Aural*, 1918. 26 Summer Street, Haverhill, Mass.
Bogan, Frederick L., *Aural*, 1908. 1069 Boylston Street, Boston, Mass.
Boies, Lawrence R., *Oto-Laryngological*, 1931.
1937 Medical Arts Building, Minneapolis, Minnesota.
Bradford, Henry W., *Ophthalmic*, 1877. (Deceased.)
Brawner, Leon E., *Oto-Laryngological*, 1925.
157 Forrest Street, N. E., Atlanta, Georgia.
Bridgewood, David, *Ophthalmic*, 1926. (Deceased.)
Briggs, Wallace R., *Ophthalmic*, 1920.
229 M Street, Sacramento, California.
Burke, J. Robert, *Ophthalmic*, 1918. *Aural*, 1919.
131 Chestnut Street, Holyoke, Mass.
Cahill, Harry P., *Aural*, 1914. 520 Commonwealth Ave., Boston, Mass.
Cameron, Walter C., *Ophthalmic*, 1930.
1103 Rhodes Building, Tacoma, Washington.
Canfield, R. Bishop, *Aural*, 1901. (Deceased.)
Caples, Thomas R., *Ophthalmic*, *Aural* 1915–1916.
191 Merrimac Street, Haverhill, Mass.
Carleton, Ralph, *Ophthalmic*, 1896. 10 Temple Street, Springfield, Mass.
Caron, Armand L., *Oto-Laryngological*, 1927.
390 Main Street, Worcester, Mass.
Carroll, Henry G., *Ophthalmic*, 1911.
270 Commonwealth Ave., Boston, Mass.
Carter, Leland F., *Ophthalmic*, 1926.
4061 Pasadena Ave., Detroit, Michigan.
Casten, Virgil G., *Ophthalmic*, 1931.
520 Commonwealth Ave., Boston, Mass.
Cave, Linus S., *Oto-Laryngological*, 1927.
Physicians' Building, Syracuse, N. Y.
Chamberlain, Allen H., *Ophthalmic*, 1889.
31 North Street, Dover-Foxcroft, Maine.
Chandler, H. Beckles, *Ophthalmic*, 1880.
34½ Beacon Street, Boston, Mass.

Chandler, H. Beckles, Jr., *Ophthalmic*, 1912.
34½ Beacon Street, Boston, Mass.
Chandler, Paul A., *Ophthalmic*, 1925. 5 Bay State Road, Boston, Mass.
Cheney, Frederick E., *Ophthalmic*, 1888. (Deceased.)
Cheney, Robert C., *Ophthalmic*, 1921.
6 Commonwealth Ave., Boston, Mass.
Clap, Edmund W., *Ophthalmic*, 1899.
390 Commonwealth Ave., Boston, Mass.
Clarke, Jonas, *Ophthalmic*, 1877.
Coughlan, John N., *Aural*, 1900. 418 Mayer Building, Portland, Oregon.
Cooper, Kemp G., *Oto-Laryngological*, 1930.
1516 Cook Street, Denver, Colorado.
Coyle, John A., *Ophthalmic*, 1931. Wilder, Vermont.
Crewson, Arthur L., *Oto-Laryngological*, 1927.
142 Pitt Street, Cornwall, Ontario, Canada.
Crockett, Eugene A., *Aural*, 1892. (Deceased.)
Davidson, Herman P., *Ophthalmic*, 1920.
Suite 1424, 30 North Michigan Ave., Chicago, Illinois.
Davis, Frederick A., *Ophthalmic*, 1892. (Deceased.)
Day, Charles Orrin, *Aural*, 1922.
270 Commonwealth Ave., Boston, Mass.
Day, Kenneth, *Oto-Laryngological*, 1924.
121 University Place, Pittsburgh, Pennsylvania.
Dean, Abbott W., *Ophthalmic*, 1929.
424 Oakland Ave., Council Bluffs, Iowa.
Donahue, Hugh C., *Ophthalmic*, 1931.
520 Commonwealth Ave., Boston, Mass.
Dowling, Joseph L., *Ophthalmic*, 1918.
57 Jackson Street, Providence, Rhode Island.
Dunphy, Edwin B., *Ophthalmic*, 1923.
520 Commonwealth Ave., Boston, Mass.
Drury, Dana W., *Aural*, 1906. 483 Beacon Street, Boston, Mass.
Easton, Elwood T., *Ophthalmic*, 1900.
209 Newbury Street, Boston, Mass.
Ellis, Edward K., *Ophthalmic*, 1905. 412 Beacon Street, Boston, Mass.
Ernlund, Carl H., *Oto-Laryngological*, 1927.
5 Bay State Road, Boston, Mass.
Evans, Maurice G., *Oto-Laryngological*, 1928.
311 Commonwealth Ave., Boston, Mass.
Evans, William H., *Ophthalmic*, 1924.
510–517 Dollar Bank Building, Youngstown, Ohio.
Farrell, James L., *Ophthalmic*, 1932. Kempf Building, Utica, New York.
Faunce, Calvin B., *Aural*, 1907. 412 Beacon Street, Boston, Mass.
Finck, Harry P., *Aural*, 1919. (Deceased.)
Fisher, Carl, *Ophthalmic*, 1907.
1930 Wilshire Boulevard, Los Angeles, California.
Fisher, Stanwood E., *Aural*, 1909. 122 State Street, Portland, Maine.
Frackelton, Ralph J., *Oto-Laryngological*, 1933.
15701 Detroit Ave., Lakewood, Ohio.
Franklin, C. Ray, *Ophthalmic*, 1931.
168th Street and Broadway, New York City, New York.
Fred, Gus Bernard, *Oto-Laryngological*, 1925.
475 Commonwealth Ave., Boston, Mass.
Frisch, Frederick, *Ophthalmic*, 1908. (Deceased.)
Fultz, William E., *Ophthalmic*, 1927.
45 Kaye Street, Halifax, Nova Scotia.

Gabriels, Joseph A. C., *Ophthalmic*, 1921.
435 State Street, Albany, New York.
Gallagher, John H. C., *Aural*, 1920. 107 Centre Street, Chicopee, Mass.
Gaudreau, Honoré E., *Ophthalmic*, 1930.
293 Bridge Street, Springfield, Mass.
Gaus, Louis, *Ophthalmic*, 1921. 220 State Street, Albany, N. Y.
Germain, Harry H., *Ophthalmic*, 1899.
475 Commonwealth Ave., Boston, Mass.
Gibson, Arthur C., *Aural*, 1921.
516 Sutter Street, San Francisco, California.
Gilbert, John J., *Ophthalmic*, 1917. *Aural*, 1920.
221 Thayer Street, Providence, Rhode Island.
Gillespie, Elmer H., *Oto-Laryngological*, 1932.
101 Bay State Road, Boston, Mass.
Goldman, A. Milton, *Ophthalmic*, 1924.
121 E. 60th Street, New York City, N. Y.
Goodale, Robert L., *Oto-Laryngological*, 1926.
258 Beacon Street, Boston, Mass.
Goodall, Edwin B., *Ophthalmic*, 1918. 101 Bay State Road, Boston, Mass.
Goodell, William, *Aural*, 1906. 121 Chestnut Street, Springfield, Mass.
Goray, J. P., *Ophthalmic*, 1897. Day Street, Fitchburg, Mass.
Gray, Gerald H., *Oto-Laryngological*, 1929.
420 Mountain Ave., Piedmont, California.
Gundersen, Trygve, *Ophthalmic*, 1930. 5 Bay State Road, Boston, Mass.
Hacking, Raymond F., *Ophthalmic*, 1927.
105 Waterman Street, Providence, Rhode Island.
Halliday, Armond A., *Aural*, 1919. (Deceased.)
Hammond, Philip, *Aural*, 1894. 483 Beacon Street, Boston, Mass.
Happ, Linley C., *Oto-Laryngological*, 1931.
124 Waterman Street, Providence, Rhode Island.
Haskell, Henry H., *Ophthalmic*, 1893. 5 Vista Ave., Auburndale, Mass.
Hawkins, Henry, *Ophthalmic*, 1909. 394 Marlborough Street, Boston, Mass.
Heffernan, David A., *Ophthalmic*, 1904.
270 Commonwealth Ave., Boston, Mass.
Hennessey, William W., *Aural*, 1908. 333 Essex Street, Salem, Mass.
Hill, Frederick T., *Aural*, 1916. 111 Main Street, Waterville, Maine.
Hobart, Carl, *Ophthalmic*, 1922.
518 Metropolitan Building, St. Louis, Missouri.
Hollabaugh, Charles F., *Ophthalmic*, 1932.
Doctors' Building, Nashville, Tennessee.
Hoople, Gordon D., *Oto-Laryngological*, 1926.
The Medical Arts Building, Syracuse, New York.
Hubbard, Rufus P., *Ophthalmic*, 1879.
308 West 15th Street, New York City, New York.
Hurley, Edward D., *Ophthalmic*, 1907. 419 Boylston Street, Boston, Mass.
Hussey, Edward J., *Ophthalmic*, 1906. 276 High Street, Holyoke, Mass.
Jack, Edwin E., *Ophthalmic*, 1888. 215 Beacon Street, Boston, Mass.
Jackle, Arthur F., *Ophthalmic*, 1913. Kunkirk, New York.
Jennings, John G., *Ophthalmic*, 1917.
82 Commonwealth Ave., Boston, Mass.
Johnson, Charles I., *Oto-Laryngological*, 1929.
270 Commonwealth Ave., Boston, Mass.
Jones, Edward Earl, *Oto-Laryngological*, 1928.
23 Main Street, Brockton, Mass.
Kearny, Richard A., *Aural*, 1921. 2311 Connecticut Ave., Washington, D.C.
Kendall, M. Ray, *Aural*, 1917. 102 Huron Road, Cleveland, Ohio.

Kennedy, Michael Francis, *Ophthalmic*, 1927.
I Street, N.W., Washington, D. C.
Kilburn, Henry W., *Aural*, 1885. (Deceased.)
King, Merrill J., *Ophthalmic*, 1932. 82 Commonwealth Ave., Boston, Mass.
Langworthy, Henry G., *Aural*, 1907.
10th and Bluff Streets, Dubuque, Iowa.
Leahey, Brendan D., *Ophthalmic*, 1933.
144 Commonwealth Ave., Boston, Mass.
LeCompte, Walter A., *Aural*, 1901. (Deceased.)
Lemoine, Albert E., *Ophthalmic*, 1923.
1119 Rialto Building, Kansas City, Missouri.
Levitt, Jesse M., *Ophthalmic*, 1933. 734 Ocean Ave., Brooklyn, New York.
Liebman, William, *Ophthalmic*, 1911.
311 Commonwealth Ave., Boston, Mass.
Lodge, Edmund A., *Oto-Laryngological*, 1924.
410 Arygle Building, Kansas City, Missouri.
Loring, Robert G., *Ophthalmic*, 1900. 140 Beacon Street, Boston, Mass.
Lothrop, Oliver A., *Aural*, 1911. 101 Beacon Street, Boston, Mass.
Lougee, John L., *Aural*, 1909. 483 Beacon Street, Boston, Mass.
Lowell, W. Holbrook, *Ophthalmic*, 1902.
82 Commonwealth Ave., Boston, Mass.
MacDonald, Alexander E., *Ophthalmic*, 1923.
151 Bloor Street, West, Toronto, Ontario, Canada.
Macdonald, Donald H., *Oto-Laryngological*, 1930.
45 Bay State Road, Boston, Mass.
MacKechnie, William G., *Aural*, 1918.
96 College Street, Toronto, Ontario, Canada.
Mackenzie, Roland C., *Ophthalmic*, 1911. 51 Moody Street, Waltham, Mass.
MacMillan, A. L., Jr., *Aural*, 1912.
46 Pleasant Street, Concord, New Hampshire.
Macnie, John P., *Ophthalmic*, 1929.
168th Street and Broadway, New York City, New York.
Mansur, Leon Wallace, *Ophthalmic*, 1898.
1109 Brockman Building, Los Angeles, California.
McAuley, Albert G., *Ophthalmic*, 1915.
1301 Dorchester Street, West, Montreal, Quebec, Canada.
McCabe, Frank J., *Ophthalmic*, 1916.
204 Angell Street, Providence, Rhode Island.
McCusker, John J., *Ophthalmic*, 1897.
382 Broad Street, Providence, Rhode Island.
McDonald, Samuel J., *Ophthalmic*, 1902.
362 Commonwealth Ave., Boston, Mass.
McGuigan, G. Edmund, *Ophthalmic*, 1924.
116 West Market Street, York, Pennsylvania.
McIntire, Frederic J., *Ophthalmic*, 1910.
63 North Common Street, Lynn, Mass.
McKelvey, Alexander D., *Aural*, 1911.
160 Bloor Street, West, Toronto, Ontario, Canada.
McLaughlin, William C., *Aural*, 1908.
171 Broad Street, Providence, Rhode Island.
McLeod, Angus M., *Oto-Laryngological*, 1932.
Medical Arts Building, Toronto, Ontario, Canada.
McLeod, John, *Ophthalmic*, 1930.
c/o. Dr. O. R. Wolfe, Masonic Building, Marshalltown, Iowa.
Meek, Raymond E., *Ophthalmic*, 1926.
30 E. 40th Street, New York City, New York.
Meltzer, Philip E., *Aural*, 1919. 20 Charlesgate West, Boston, Mass.

Merritt, Robert E., *Ophthalmic*, 1920.
1105 Brockman Building, Los Angeles, California.
Meyer, Monto F., *Ophthalmic*, 1919.
904 Canal Bank Building, New Orleans, Louisiana.
Moore, Fontaine B., *Aural*, 1914.
Morse, Almon G., *Ophthalmic*, 1893. Sunmount, New York.
Motley, Frederic E., *Oto-Laryngological*, 1925.
Charlotte Eye, Ear, Nose & Throat Hospital, Charlotte, North Carolina.
Mueller, Werner, *Oto-Laryngological*, 1933.
395 Commonwealth Ave., Boston, Mass.
Murphy, Edward M., *Ophthalmic*, 1915. 175 Central Street, Lowell, Mass.
Murphy, William E., *Oto-Laryngological*, 1933.
Slater Building, Worcester, Mass.
Myers, Roscoe W., *Ophthalmic*, 1927. 36 Pleasant Street, Worcester, Mass.
Nicholson, Harry M., *Aural*, 1913.
101 James Street South, Hamilton, Ontario, Canada.
O'Connor, Michael J., *Aural*, 1923.
532 Broad Street, Providence, Rhode Island.
Olds, Bomar A., *Oto-Laryngological*, 1929.
Suite No. 307, Medical Arts Building, Atlanta, Georgia.
O'Neil, Robert C., *Oto-Laryngological*, 1928.
105 Waterman Street, Providence, Rhode Island.
Parker, Harry C., *Ophthalmic*, 1902.
Porter, Charles T., *Aural*, 1914 520 Commonwealth Ave., Boston, Mass.
Powers, George H., *Aural*, 1904. 311 Beacon Street, Boston, Mass.
Proctor, Francis I., *Aural*, 1891. Camden, South Carolina.
Provost, Adolphe J., *Oto-Laryngological*, 1927.
1061 Elm Street, Manchester, New Hampshire.
Prudhon, Charles A., *Oto-Laryngological*, 1930.
168 Sterling Street, Watertown, New York.
Quackenboss, Alexander, *Ophthalmic*, 1893. (Deceased.)
Quevedo, A., Arturo, *Ophthalmic*, 1933.
9a Ave. Sur No. 50, Guatemala City, Central America.
Quincy, Josiah E., *Oto-Laryngological*, 1926.
270 Commonwealth Ave., Boston, Mass.
Raynes, Alphonse F., *Ophthalmic*, 1923.
209 Miller Ave., Portsmouth, New Hampshire.
Reaves, Robert G., *Aural*, 1918. 425 W. Clinch Ave., Knoxville, Tennessee.
Richards, Lyman G., *Oto-Laryngological*, 1926.
270 Commonwealth Ave., Boston, Mass.
Rothwell, Stephen G., *Oto-Laryngological*, 1925.
97 Spring Street, New Bedford, Mass.
Ruggles, Ralph H., *Ophthalmic*, 1920.
394 Marlborough Street, Boston, Mass.
Ruggles, Roger L., *Oto-Laryngological*, 1932.
80 Elm Street, Westfield, Mass.
Rust, Frank L., *Ophthalmic*, 1898. (Deceased.)
Ryder, George H., *Ophthalmic*, 1901. 968 Hancock Street, Quincy, Mass.
Sachs, Benjamin, *Ophthalmic*, 1925. 483 Beacon Street, Boston, Mass.
Sargent, Francis B., *Aural*, 1923.
124 Waterman Street, Providence, Rhode Island.
Savage, Ross E., *Ophthalmic*, 1910. 543 Boylston Street, Boston, Mass.
Scarney, Herman D., *Ophthalmic*, 1928.
533 David Whitney Building, Detroit, Michigan.
Shambaugh, George E., Jr., *Oto-Laryngological*, 1932.
122 S. Michigan Ave., Chicago, Illinois.
Shanahan, Timothy J., *Aural*, 1907. (Deceased.)

Simmons, Fred A., *Aural*, 1918. 101 Bay State Road, Boston, Mass.
Sisson, Raymond J., *Ophthalmic*, 1925. (Deceased.)
Skilling, Francis C., *Ophthalmic*, 1933.
1700 Regent Road, Mt. Washington, Baltimore, Maryland.
Smyth, D. Campbell, *Aural*, 1910.
375 Commonwealth Ave., Boston, Mass.
Smyth, P. Sommers, *Ophthalmic*, 1905. (Deceased.)
Sowers, Martin L., *Aural*, 1922.
Crossways Apts., Far Rockaway, New York.
Spalding, Fred M., *Ophthalmic*, 1900. 128 Newbury Street, Boston, Mass.
Spratt, Charles N., *Ophthalmic*, 1904. Minneapolis, Minnesota.
Standish, Myles, *Ophthalmic*, 1880. (Deceased.)
Tegelberg, Julius, *Oto-Laryngological*, 1931.
390 Main Street, Worcester, Mass.
Terry, Theodore L., *Ophthalmic*, 1928.
128 Newbury Street, Boston, Mass.
Thompson, Peter Hunter, *Ophthalmic*, 1902.
308 Commonwealth Ave., Boston, Mass.
Tobey, George L., Jr., *Aural*, 1905.
270 Commonwealth Ave., Boston, Mass.
Tobey, Harold G., *Aural*, 1915. 270 Commonwealth Ave., Boston, Mass.
Toot, J. Frederick, *Ophthalmic*, 1922. East Liverpool, Ohio.
Vail, Derrick T., *Ophthalmic*, 1924. 24 E. 8th Street, Cincinnati, Ohio.
Vail, Harris H., *Aural*, 1921. 917–920 Carew Tower, Cincinnati, Ohio.
Waite, J. Herbert, *Ophthalmic*, 1923. 7 Bay State Road, Boston, Mass.
Wales, Ernest DeW., *Aural*, 1902.
1236 N. Pennsylvania Street, Indianapolis, Indiana.
Walker, Clifford B., *Aural*, 1914.
Auditorium Building, Los Angeles, California.
Walker, D. Harold, *Aural*, 1902. 5 Bay State Road, Boston, Mass.
Webster, Franklin R., *Ophthalmic*, 1926.
University Building, Syracuse, New York.
Weille, Francis L., *Oto-Laryngological*, 1929.
395 Commonwealth Ave., Boston, Mass.
Weinheimer, Lambert H., *Ophthalmic*, 1922.
111 Comstock Place, Syracuse, New York.
White, Leon E., *Aural*, 1897. (Deceased.)
White, Leon E., *Aural*, 1923. 390 Commonwealth Ave., Boston, Mass.
Whitney, Raymond C., *Ophthalmic*, 1922.
7 N. 6th Street, New Bedford, Mass.
Willis, Harry C., *Aural*, 1923.
216 E. Nash Street, Wilson, North Carolina.
Winkler, Herman A., *Oto-Laryngological*, 1926.
389 Blackstone Street, Providence, Rhode Island.
Wishart, David E. S., *Aural*, 1922.
47 Grosvenor Street, Toronto, Ontario, Canada.
Worthen, Clarence F., *Ophthalmic*, 1917.
319 Commonwealth Ave., Boston, Mass.
Wright, Clarence F., *Oto-Laryngological*, 1931.
321 The Medical Arts Building, Toronto, Ontario, Canada.
Wright, Edward N., *Oto-Laryngological*, 1933.
The Medical Arts Building, Toronto, Ontario, Canada.

Form of a Bequest to the Infirmary

I give and bequeath to the Massachusetts Eye and Ear Infirmary of Boston, the sum of dollars, to be applied to the uses of said Infirmary.

Social Service

ONE HUNDRED AND NINTH
ANNUAL REPORT

of the

Massachusetts
Eye and Ear Infirmary

Incorporated in 1827

For the Year

1934

THE MASSACHUSETTS EYE AND EAR INFIRMARY

243 Charles Street, Corner Fruit Street, Boston, Mass.

OUT-PATIENT DEPARTMENT

The Out-Patient Department is open daily, excepting Sundays and legal holidays, from 8.00 to 10.00 A.M., for examination and treatment of all poor persons afflicted with disease of the eye, ear, nose or throat. Persons needing treatment in the hospital wards will be advised accordingly. Medicines and glasses are furnished at the Infirmary, but neither prescription nor advice will be sent by mail, express or messenger.

Admission fee: Adults, seventy-five cents first visit, other visits fifty cents; children under sixteen years of age, fifty cents first visit, other visits twenty-five cents.

HOSPITAL

Persons recommended for admission to the hospital wards should apply at the Director's Office before 1 P.M., *on week days only, excepting legal holidays.*

Accident and emergency cases admitted at any time.

All communications about the Infirmary or any patient must be addressed to the Director, and should contain the full name of the patient as well as the name and address of the writer.

Persons admitted to the wards as in-patients will be charged for board at the rate of twenty-four dollars per week, payable in advance, unless some special arrangement is made by the Director. No reduction in rate of board made to those residing outside the Commonwealth of Massachusetts.

Visitors will be admitted to see patients from 1 to 2 o'clock in the afternoon, and but one visitor a day is allowed to each patient over seven years of age. Children under seven years of age may be visited on Sundays and legal holidays from 1 to 2 P.M., when two visitors are permitted. Visitors may be excluded at any time.

On Sundays and holidays two visitors are allowed each patient.

The Infirmary reserves the right to investigate every case.

Massachusetts Eye and Ear Infirmary

ONE HUNDRED AND NINTH
ANNUAL REPORT

of the

Massachusetts Eye and Ear Infirmary

For the Year

1934

BOSTON

OFFICERS, 1935

BOARD OF MANAGERS, 1934-1935

1887 George P. Gardner, 10 Post Office Square
1903 William C. Endicott, 71 Ames Building
1903 Russell G. Fessenden, 17 Court Street
1907 Charles P. Curtis, 71 Ames Building
1907 Robert H. Stevenson, 50 State Street
1914 James Dean, 201 Devonshire Street
1914 James C. Howe, 843 Exchange Building
1925 Leverett Saltonstall, 55 Congress Street
1929 Walter H. Trumbull, 45 Milk Street
*1932 William H. Claflin, Jr., 74 State Street
*1934 Patrick A. O'Connell, 154 Tremont Street, c/o
E. T. Slattery Company
1934 Frank G. Allen, 248 Summer Street
1934 Robert F. Bradford, 75 Federal Street

President

Russell G. Fessenden

Secretary

James C. Howe, 843 Exchange Building

Treasurer

James Dean, 201 Devonshire Street

Executive Committee

Russell G. Fessenden
Robert H. Stevenson
James Dean
William H. Claflin, Jr.

Finance Committee

Russell G. Fessenden
James Dean
James C. Howe

*Appointed by the Commonwealth.

MASSACHUSETTS EYE AND EAR INFIRMARY

VISITING COMMITTEE

January	MR. STEVENSON MR. ALLEN	July	MR. TRUMBULL MR. FESSENDEN
February	MR. ALLEN MR. ENDICOTT	August	MR. FESSENDEN MR. HOWE
March	MR. ENDICOTT MR. GARDNER	September	MR. HOWE MR. BRADFORD
April	MR. GARDNER MR. CURTIS	October	MR. BRADFORD MR. DEAN
May	MR. CURTIS MR. SALTONSTALL	November	MR. DEAN
June	MR. SALTONSTALL MR. TRUMBULL	December	MR. STEVENSON

Ladies' Visiting Committee

MRS. LIVINGSTON DAVIS, *Chairman*
MRS. JOHN LAWRENCE, *Vice-Chairman*
MRS. VARAZTAD H. KAZANJIAN, *Secretary*
MRS. RICHARD C. CURTIS, *Treasurer*
MRS. LESLIE SOULE, *Chairman Nurses' Committee*
MRS. WILLIAM B. SNOW, JR., *Chairman Social Service Committee*
MRS. LOUIS CURTIS, JR., *Chairman Hospital Visiting Committee*
MRS. HERBERT B. SHAW, *Chairman Entertainment Committee*
MRS. ARLIE V. BOCK
MRS. JOHN E. BOIT
MRS. HARRY P. CAHILL
MRS. PAUL S. COURTNEY
MISS EMILY DAVIS
MRS. ALFRED W. DOUGLASS
MRS. EDWIN B. DUNPHY
MRS. I. R. EDMANDS
MRS. REGINALD FOSTER
MRS. ROBERT L. GOODALE
MRS. TRYGVE GUNDERSEN
MRS. HAROLD L. HIGGINS
MRS. FRANCIS T. HUNTER
MRS. DUNBAR LOCKWOOD
MRS. LAWRENCE M. LOMBARD
MISS GRACE MADDEN
MRS. CHARLES E. MASON
MRS. WILLIAM W. MCCARTHY
MRS. HARRIS P. MOSHER
MISS MARY OTIS
MRS. HAROLD PEABODY
MISS MADELINE POST
MRS. H. MAYNARD REES
MRS. LEROY A. SCHALL
MRS. REGINALD SMITHWICK
MRS. D. CAMPBELL SMYTH
MISS ANITA STURGIS
MRS. SULLIVAN A. SARGENT, JR.
MRS. GEORGE L. TOBEY, JR.
MRS. FREDERICK H. VERHOEFF
MRS. A. W. WHEELWRIGHT
MRS. GEORGE H. WRIGHT
MRS. JOHN I. WYLDE

EXECUTIVE OFFICERS

Director
NATHANIEL W. FAXON, M.D.

Assistant to the Director
ANNIE M. ROBERTSON, R.N.

OFFICERS, 1935

Surgical Board

Consulting Surgeons in Ophthalmology

H. Beckles Chandler, M.D.
Edwin E. Jack, M.D.
Henry H. Haskell, M.D.
Walter B. Lancaster, M.D.
Fred M. Spalding, M.D.
Peter H. Thompson, M.D.
Samuel J. McDonald, M.D.
Allen Greenwood, M.D.

Consulting Chief of Ophthalmology

Frederick H. Verhoeff, M.D.

Consulting Surgeons in Otology and Laryngology

Frederick L. Jack, M.D.
William F. Knowles, M.D.
Francis P. Emerson, M.D.
Algernon Coolidge, M.D.
J. Payson Clark, M.D.
Frederic C. Cobb, M.D.
Joseph L. Goodale, M.D.
George L. Tobey, Jr., M.D.
Philip Hammond, M.D.
D. Harold Walker, M.D.
Calvin B. Faunce, M.D.
Frederick E. Garland, M.D.
Frederick L. Bogan, M.D.

Chief of Ophthalmology (acting)

J. Herbert Waite, M.D.

Chief of Otology and Laryngology

Harris P. Mosher, M.D.

Surgeons in Ophthalmology

W. Holbrook Lowell, M.D.
Edward K. Ellis, M.D.
Hugo B. C. Riemer, M.D.
J. Herbert Waite, M.D.
Edwin B. Goodall, M.D.
Edwin B. Dunphy, M.D.

Surgeons in Oto-Laryngology

D. Campbell Smyth, M.D.
Harry P. Cahill, M.D.
George H. Poirier, M.D.
Edwards W. Herman, M.D.
Harold G. Tobey, M.D.
Charles T. Porter, M.D.
Philip Meltzer, M.D.
LeRoy A. Schall, M.D.

Surgeon for Plastic Operations

Varaztad H. Kazanjian, M.D., D.M.D.

Associates in Laryngology in Teaching

Joseph L. Goodale, M.D.
Charles D. Knowlton, M.D.
Harry A. Barnes, M.D.
Frederick E. Garland, M.D.
Frederick L. Bogan, M.D.

Associate Surgeon in Oto-Laryngology
William I. Wiggin, M.D.

Assistant Surgeons in Ophthalmology
William P. Beetham, M.D.
Virgil G. Casten, M.D.
Paul A. Chandler, M.D.
Trygve Gundersen, M.D.
John G. Jennings, M.D.
Merrill J. King, M.D.
Ralph H. Ruggles, M.D.
Benjamin Sachs, M.D.
Theodore L. Terry, M.D.
Fred S. Thorne, M.D.
Samuel H. Wilkins, M.D.

Assistant Surgeons in Oto-Laryngology
Maurice G. Evans, M.D.
G. Bernard Fred, M.D.
Robert L. Goodale, M.D.
Margaret N. Kleinert, M.D.
Moses H. Lurie, M.D.
Philip Mysel, M.D.
Josiah E. Quincy, M.D.
Joseph M. Scanlon, M.D.
Francis L. Weille, M.D.
Leon E. White, M.D.

Clinical Assistants in Ophthalmology
Z. William Colson, M.D.
Hugh C. Donahue, M.D.
Meyer M. Gilbert, M.D.
Herman P. Grossman, M.D.
Paul G. Haire, M.D.
Juanita P. Johns, M.D.
Brendan D. Leahey, M.D.
Thomas H. Macdonald, M.D.
Harry K. Messenger, Ph.D., M.D.
Frederick H. Salls, M.D.
Raymond C. Whitney, M.D.

Clinical Assistants in Oto-Laryngology
Charles H. Allman, M.D.
Walter J. E. Carroll, M.D.
Samuel Cline, M.D.
John R. Frazee, M.D.
Elmer H. Gillespie, M.D.
Edgar M. Holmes, M.D.
Charles I. Johnson, M.D.
Vincent J. Kelley, M.D.
Donald H. Macdonald, M.D.
Werner Mueller, M.D.
William E. Murphy, M.D.

Consulting Pathologist
Tracy B. Mallory, M.D.

Pathologist
Theodore L. Terry, M.D.

Roentgenologist
A. S. Macmillan, M.D.

Dentist
George H. Wright, D.M.D.

Assistant Anesthetist
Russell F. Sheldon, M.D.

OFFICERS, 1935

HOWE LABORATORY OF OPHTHALMOLOGY

Director

FREDERICK H. VERHOEFF, M.D.

CLYDE E. KEELER, S.D.
MERRILL J. KING, M.D.
TRYGVE GUNDERSEN, M.D.
HARRY K. MESSENGER, Ph.D., M.D.
EUGENE F. MCCARTHY, M.A.
ELEK LUDVIGH, Ph.D.

CONSULTANTS

Consulting Physicians

JAMES H. MEANS, M.D.
GERALD BLAKE, M.D.
ARLIE V. BOCK, M.D.
CHESTER M. JONES, M.D.
FRANCIS M. RACKEMANN, M.D.
WILLIAM B. ROBBINS, M.D.
WILLIAM D. SMITH, M.D.
PAUL D. WHITE, M.D.
F. DENNETTE ADAMS, M.D.
GERARDO M. BALBONI, M.D.
WALTER BAUER, M.D.
WILLIAM B. BREED, M.D.
ROGER P. DAWSON, M.D.
BENJAMIN H. RAGLE, M.D.
WYMAN RICHARDSON, M.D.
DWIGHT L. SISCOE, M.D.
FULLER ALBRIGHT, M.D.
WILLIAM A. BISHOP, M.D.
MAURICE FREMONT-SMITH, M.D.
MARGARET V. GROGAN, M.D.
B. THURBER GUILD, M.D.
JAMES HITCHCOCK, M.D.
FRANCIS T. HUNTER, M.D.
HOWARD B. JACKSON, M.D.
DONALD S. KING, M.D.
HOWARD B. SPRAGUE, M.D.
ROY R. WHEELER, M.D.
LOUIS WOLFF, M.D.
JAMES H. TOWNSEND, M.D.

Consulting Dermatologists

E. LAWRENCE OLIVER, M.D.
LORETTA J. CUMMINS, M.D.
ARTHUR M. GREENWOOD, M.D.
C. GUY LANE, M.D.
JACOB H. SWARTZ, M.D.
AUSTIN W. CHEEVER, M.D.

Consulting Neurologists

JAMES B. AYER, M.D.
GEORGE CLYMER, M.D.
G. COLKET CANER, M.D.
CHARLES A. MCDONALD, M.D.
HARRY C. SOLOMON, M.D.
HENRY R. VIETS, M.D.

Consulting Psychiatrists

STANLEY COBB, M.D.
KENNETH J. TILLOTSON, M.D.
FRANK FREMONT-SMITH, M.D.
NIELS ANTHONISEN, M.D.
RAY L. WHITNEY, M.D.

Consulting Pediatricians

Harold L. Higgins, M.D.
Joseph Garland, M.D.
J. Herbert Young, M.D.
Richard S. Eustis, M.D.
Edward S. O'Keefe, M.D.
Eli C. Romberg, M.D.
Solomon H. Rubin, M.D.
Richard S. Tefft, Jr., M.D.
Oliver E. Bixby, M.D.
Arthur Bates Lyon, M.D.

Consulting Surgeons

Beth Vincent, M.D.
Edward D. Churchill, M.D.
Channing C. Simmons, M.D.
W. Jason Mixter, M.D.
Wyman Whittemore, M.D.
Arthur W. Allen, M.D.
George A. Leland, Jr., M.D.
Richard H. Miller, M.D.
John S. Hodgson, M.D.
Leland S. McKittrick, M.D.
Edward L. Young, Jr., M.D.
James C. White, M.D.
Ernest M. Daland, M.D.
Torr W. Harmer, M.D.
E. Parker Hayden, M.D.
Henry C. Marble, M.D.
Joe Vincent Meigs, M.D.
Andre W. Reggio, M.D.
Horace K. Sowles, M.D.
Franklin G. Balch, Jr., M.D.
Henry H. Faxon, M.D.
Seth M. Fitchet, M.D.
Stephen G. Jones, M.D.
Horatio Rogers, M.D.
William M. Shedden, M.D.
Reginald H. Smithwick, M.D.
John W. Spellman, M.D.
Grantley W. Taylor, M.D.

Consulting Orthopedists

Marius N. Smith-Petersen, M.D.
Armin Klein, M.D.
William A. Rogers, M.D.
George W. Van Gorder, M.D.
Edwin F. Cave, M.D.
Joseph S. Barr, M.D.
Sumner M. Roberts, M.D.

Consulting Urologists

J. Dellinger Barney, M.D.
George Gilbert Smith, M.D.
Harvard H. Crabtree, M.D.
Fletcher Colby, M.D.
Oscar F. Cox, M.D.
Prodromos N. Papas, M.D.
Alpha R. Sawyer, M.D.
Russell L. Splaine, M.D.
Channing S. Swan, M.D.
Bryant Wetherell, M.D.

Consulting Pathologist

Harry F. Hartwell, M.D.

Consulting Bacteriologist

Louis Dienes, M.D.

Consulting Roentgenologists

George W. Holmes, M.D.
Aubrey O. Hampton, M.D.
James R. Lingley, M.D.
William C. Martin, M.D.

Consultant in Contagious Diseases

Edwin H. Place, M.D.

ADVISORY COMMITTEE

Social Service Department

Mr. Russell G. Fessenden
Mr. William C. Endicott
Dr. Harris P. Mosher
Dr. J. Herbert Waite
Mrs. William B. Snow

House Staff

Internes in Ophthalmology

Charles E. Walker, M.D.
David G. Cogan, M.D.
S. Rodman Irvine, M.D.
F. Raymond Price, M.D.
Mahlon T. Easton, M.D.
Harry Woodruff, M.D.
Alan R. Anthony, M.D.

Internes in Oto-Laryngology

Burton E. Lovesey, M.D.
John R. Richardson, M.D.
Frederick J. Pollock, M.D.
Joseph Lentine, M.D.
Paul S. Mertins, M.D.
Mercer G. Lynch, M.D.
Edwin R. Irgens, M.D.

Executive Assistants

Helen McCaskill, R.N.
Ruth M. Hutchinson, R.N.
Alice B. Coe, R.N.

Superintendent of Nurses

Sally Johnson, R.N.

Assistant Superintendent of Nurses

Dorothy M. Tarbox, R.N.

Chief Social Worker

Amy G. Smith

BRIEF HISTORY OF THE MASSACHUSETTS EYE AND EAR INFIRMARY

The Massachusetts Eye and Ear Infirmary had its inception in the latter part of 1824 when Dr. Edward Reynolds and Dr. John Jeffries established a free clinic for the treatment of the eye in a small room in the Scollay Building situated in what is now the center of Scollay Square. It is the second oldest institution of its kind in the United States, the New York Eye and Ear Infirmary having been founded in 1820.

In the first sixteen months nearly 900 patients were treated, and so successful was the undertaking that in March, 1826, with the aid of friends, a public subscription was started and the Boston Eye Infirmary was formed. In 1827 it was formally incorporated as the Massachusetts Charitable Eye and Ear Infirmary (changed to the Massachusetts Eye and Ear Infirmary in 1924) and shortly moved to larger quarters at the corner of Court and Tremont Streets. The Infirmary was open from 12 to 1 o'clock for gratuitous treatment of the eye and ear. In 1827 there were reported 583 cases of eye diseases and 98 of ear diseases. The receipts were $473.62 and the expenses $333.62.

By 1836 the Infirmary was so well known that one-third of the patients came from outside of Boston and 153 towns and cities were represented. Owing to the increase in the number of patients, the Infirmary was removed in 1836 to the Salisbury Building on Summer Street, and three years later the Gore mansion on Green Street near Bowdoin Square was purchased. To enable the Infirmary to do this, the Commonwealth gave $5,000 and an additional grant of $2,000 a year, for five years. Here for the first time ward patients could be accommodated to the number of twenty. Previously they had been placed in boarding houses in the neighborhood. Facilities were provided for a school of observation, as it was called, for medical students and Dr. Jeffries gave a course of lectures at the Infirmary which was followed by lectures for six successive years by Dr. Reynolds at the Tremont Medical School. Daily clinics for students were held.

By 1849 the Gore mansion had become too small to take care of the increasing number of patients, in that year 2,000. With the aid of a generous grant from the Commonwealth and funds raised by subscriptions, property on Charles Street near Cambridge Street was purchased and a new Infirmary built and dedicated in 1850. Later a wing was added. In 1871 the Ear Department was organized and by 1876 the patients in that department numbered 2,250.

The first Charles Street building, which had housed the Infirmary for over fifty years, proved inadequate, and the Out-Patient Department was much over-crowded, with an average weekly attendance of 1,200. With the aid of a grant from the Commonwealth of $100,000, the present site was purchased and the building was completed in March, 1899. Social Service was instituted in 1907. The Gardner Building for the treatment of contagious diseases of the eye was added shortly and in 1909 a separate building was built for the Pathological Laboratory. In the same year a Nurses' Home was built on the site of the old Infirmary, to house 94 people, and later the space formerly occupied by nurses in the Infirmary was changed into a private ward. A school for graduate and affiliated nurses which gives special training in the care of diseases of the eye, ear, nose and throat is maintained.

In the year 1922 the Laryngological Department of the Massachusetts General Hospital was granted the use of beds in the Infirmary and became a department of that institution as far as its house work was concerned.

In 1925 the surgeons of the Aural and Laryngological departments appear in one group as Oto-Laryngologists.

January 1st, 1928, the Laryngological Out-Patient Department of the Massachusetts General Hospital was taken over by the Infirmary and the relations of the Aural Department with the Laryngological Department became very close. At the same time the Out-Patient Department, though still operated by the Infirmary, was joined with that of the Massachusetts General Hospital in the new building built by the latter.

Part of the space formerly occupied by the Out-Patient

Department was taken for the Howe Laboratory of Ophthalmology. This was made possible through the generosity of the late Dr. Lucien Howe, who gave $250,000 towards a fund of $500,000 given to Harvard College, the income to be used for research work. The balance of the space was given over to the Research Laboratory of the Ear, Nose and Throat Department, the X-Ray Department and the Howe Library.

Last year the Infirmary took care of 5,668 people in the public wards, 1,481 in the private wards and there were 103,678 visits to the Out-Patient Department. The active staff numbers 64 and there are 205 paid employees.

REPORT OF THE PRESIDENT

On behalf of the Board of Managers of the Massachusetts Eye and Ear Infirmary, I beg to present to the Corporation the One Hundred and Ninth Annual Report, being for the year 1934.

All the activities of the Infirmary have been maintained, as will be seen from the various reports which follow, which deserve careful reading as they show the great amount of work which is carried on. During the year the Vision and Perimetry Rooms have been very much improved and the working force greatly enlarged and put upon a permanent basis. There are now in this department three full-time members and three part-time members. The quality of the service they render and the opportunity for the House Officers and others to obtain training are both greatly improved. A member has also been added to the Staff on a partly paid basis to give instruction in Physiological Optics, a subject which it is felt should be given a great deal more attention than has been done heretofore.

I am glad to be able to report that due to the generous support of our old contributors and of many others who have designated the Infirmary in the Emergency Campaign, and also due to the able administration of the Director and the loyal support of the Staff and employees, we ended the year without any deficit. It is only fair to say that at the beginning of the year the Infirmary had an unusually large inventory on hand which we drew upon quite heavily. Taking the reduction of inventory into consideration, the income and expense just about balanced. One of the major expenses was a new X-Ray equipment with the necessary wiring for high potential current. The physical condition of the Infirmary is excellent.

There were slightly fewer patients admitted to the public wards than last year and, curiously enough, exactly the same number of patients to the private wards, although in both cases the patient days were slightly larger. Patients in the public wards pay what they can, yet in spite of the depression the receipts were somewhat larger per patient and there were fewer entirely free patients, due largely to collections from cities and towns for those on the welfare. Per capita cost of food increased about 14%. The daily average of visits to the Out-Patient Department, 343+, was practically the same as last year. Of these 31% were treated without charge, compared with 32% last year and 30% in 1932.

There is naturally one matter uppermost in the minds of the Managers, Staff and employees, and that is the tragic disappearance of the Director, Dr. Bigelow, which we all feel very keenly, not only on account of the Infirmary but personally. He had given to the Infirmary a very devoted and intelligent service and it will be difficult to replace him.

During the year Doctor Henry Lyman, one of the Board of Managers since 1929, died. He served on the Executive Committee and his keen interest and intelligent advice will be very much missed.

We regret very much that Mr. T. Jefferson Coolidge, one of the Managers, on taking up a government position felt obliged to resign. This left two vacancies, and Mr. Robert F. Bradford was elected to fill one vacancy and the other one still remains.

During the year Doctor D. Crosby Greene, Consulting Surgeon of Otology and Laryngology, resigned. He became connected with the Infirmary as a Consulting Laryngologist in 1920, was appointed Laryngologist in 1925, and Consulting Aural Surgeon in 1929. During all this time he was a very valued member of the Staff.

Dr. Washburn retired as Director in February after service dating from January 1, 1915. A great debt is due him for his constructive and far-seeing administration.

The Managers gratefully acknowledge bequests received during the year from the estates of Lucy H. Eaton, William Brewster, Louis Curtis, John C. Welton, Hannah H. Kimball and Annie C. Wilson.

REPORT OF THE PRESIDENT

The Board of Managers are deeply appreciative of the varied activities of the Ladies' Visiting Committee which conduce so much to the comfort of the patients. It is needless to say that they are also deeply appreciative of the loyal and devoted service of the Staff and employees which has enabled the Infirmary to maintain the high position which it holds.

R. G. Fessenden,
President.

REPORT OF THE TREASURER

Statement of Income—Receipts and Disbursements

for the year ending December 31, 1934

Hospital Receipts:				
As per Director's Financial Statement (page 28)..				$333,465.58
Less:				
Hospital Operating Disbursements — as per Director's financial statement (page 29)				
General		$392,683.11		
Social Service		15,238.76	$407,921.87	
Treasurer's Disbursements:				
Auditing, Bookkeeping and Custody of Securities......		$ 1,650.00		
Insurance		1,121.71		
Miscellaneous		3,027.30	5,799.01	
Total Ordinary Disbursements				413,720.88
Excess of Ordinary Disbursements over Hospital Receipts				$ 80,255.30
Deduct:				
Other Income Receipts:				
Total Income from Investment Securities		$73,653.74		
Less:				
One-half Income from Weber Fund—added to Principal	$142.50			
Income from Fund for Maintenance of Gardner Building—added to Principal	620.03			
Income from George Strong Derby Memorial Fund—Unexpended	402.19			
Income from Theodore Chase Fund—Unexpended	28.76	1,193.48	$ 72,460.26	

*Contributions for General Purposes		$1,190.20	
Miscellaneous Income:			
From the Committee of the Permanent Charity Fund, Inc.	$ 2,500.00		
From the Estate of E. V. Ashton	2,400.00		
From the Estate of Charles G. Green	280.67		
From the Estate of George Green Cook	20.56		
The Emergency Campaign of 1934	18,505.00		
Boston Emergency Relief Campaign—1933	740.37		
Transfers from Special Purpose Funds	3,802.15	28,248.75	$101,899.21

EXCESS OF INCOME RECEIPTS OVER ORDINARY DISBURSEMENTS—FOR THE YEAR ENDING DECEMBER 31, 1934		$ 21,643.91
DEDUCT:		
EXTRAORDINARY DISBURSEMENTS:		
Washroom for Surgeons' Locker Room	$ 50.13	
Ventilation in Kitchen and Laundry	1,326.24	
Bookkeeping Machine—Out-Patient Dept.	885.25	
Bookkeeping Machine—Infirmary	1,240.94	
Fireproofing Stairs and Painting—Gardner Building	1,017.15	
New Floor in Employees' Dining Room	462.26	
New X-Ray Equipment	8,004.00	
Vacuum Equipment	793.00	13,778.97
BALANCE—EXCESS OF INCOME RECEIPTS OVER TOTAL DISBURSEMENTS—FOR THE YEAR ENDING DECEMBER 31, 1934		$ 7,864.94

JAMES DEAN,
Treasurer.

PATTERSON, TEELE AND DENNIS,
Auditors.

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*There were also contributions for various special purposes amounting to $4,715.21 (including $1,834.78 for Social Service), which have been added to principal of Special Purpose Funds.

MASSACHUSETTS EYE AND EAR INFIRMARY

INVESTMENT SECURITIES

December 31, 1934

BONDS	
$25,000	U. S. Treasury Notes, 3%, June 15, 1935
35,000	U. S. Treasury Notes, 3¼%, August 1, 1936
36,000	U. S. Treasury Notes, 2½%, September 15, 1938
27,000	U. S. Liberty Loan 4th 4¼s, October 15, 1938
5,000	U. S. Treasury Notes, 2⅛%, June 15, 1939
10,000	U. S. Treasury Bonds, 3¼%, August 1, 1941
62,000	U. S. Treasury Bonds, 3¼%, October 15, 1945
10,000	U. S. Treasury Bonds, 3%, June 15, 1948
20,000	Albany & Susquehanna Railroad registered 3½s 1946
15,000	American Smelting & Refining Co. 1st "A" 5s 1947
15,000	American Telephone & Telegraph Co. 5½s 1943
10,000	Appalachian Power Company 1st 5s 1941
20,000	Atchison, Topeka & Santa Fe Ry. Co. General 4s 1995
10,000	Belgium, Kingdom of, 6½s 1949
20,000	Boston, City of, registered 4s 1947
10,000	Boston Terminal Company registered 3½s 1947
14,000	Boston & Maine Railroad Series "V" 5s 1942
1,000	Boston & Maine Railroad Series "Z" 5s 1943
9,000	Boston & Maine Railroad Series "AA" 5s 1944
1,000	Boston & Maine Railroad Series "DD" 5s 1945
3,000	Bush Terminal Buildings Company 1st 5s 1960
10,000	Butte Electric & Power Company 1st 5s 1951
10,000	California Gas & Electric Co. Unif. & Ref. 5s 1937
15,000	Canadian National Railways 4½s 1954
25,000	Canadian Pacific Railway Equipment Trust 5s 1944
10,000	Chesapeake Corporation 5s 1944
10,000	Chesapeake & Ohio Railway Company General 4½s 1992
2,000	Chicago, Burlington & Quincy R. R. Co., Ill. Div. 3½s 1949
1,000	Chicago, Burlington & Quincy R. R. Co., Ill. Div. 4s 1949
20,000	Chicago, Burlington & Quincy R. R. Co. 1st & Ref. "B" 4½s 1977
8,500	Chicago City Railway Company 1st 5s 1927 (C/D)
25,000	Chicago Junction Railways & Union Stock Yards 4s 1940
1,000	Chicago Junction Railways & Union Stock Yards 5s 1940
25,000	Chicago & Northwestern Railway Company 4¾s 1949
15,000	Chicago & Western Indiana Railroad 1st & Ref. "A" 5½s 1962
20,000	Cincinnati Union Terminal Company "C" 5s 1957
15,000	Commonwealth Edison Company "G" 5½s 1962
15,000	Connecticut River Power Company "A" 5s 1952
25,000	Edison Electric Illuminating Co. of Boston 5s 1936
20,000	Florida Power & Light Company 1st 5s 1954
50,000	General Motors Acceptance Corporation Note, January 10, 1935
10,000	Georgia Power Company 1st & Refunding 5s 1967
20,000	Hudson & Manhattan Railroad Company 1st 5s 1957

$20,000	Illinois Power & Light Company 1st & Ref. "C" 5s 1956
20,000	Illinois Steel Company debenture 4½s 1940
15,000	Jacksonville Terminal Company Ref. & Ext. "A" 5s 1967
10,000	Long Island Railroad Company Refunding 4s 1949
20,000	Long Island Railroad Company Unified 4s 1949
7,000	Louisville & Jeffersonville Bridge Co. 4s 1945
6,700	Massachusetts Hospital Life Insurance Company annuity
10,000	Memphis Power & Light Company 1st Ref. 5s 1948
10,000	Michigan Central Railroad Company 1st 3½s 1952
6,000	Middlesex, County of, 4¼s 1936
10,000	Mississippi River Power Company 1st 5s 1951
20,000	Missouri Pacific Railroad Company 1st & Ref. "F" 5s 1977 (C/D)
20,000	Montreal, City of, 5s 1943
10,000	Newton, City of, registered 4¼s 1937
10,000	Newton, City of, registered 4¼s 1938
10,000	Newton, City of, registered 4¼s 1939
4,000	Newton, City of, registered 4¼s 1940
2,000	Newton, City of, registered 4¼s 1941
10,000	New Orleans Public Service, Inc. 1st & Ref. "A" 5s 1952
10,000	New Orleans Public Service, Inc. 1st & Ref. "B" 5s 1955
15,000	New York Central & Hudson River R. R. Co., Michigan Central 3½s 1998
4,000	New York, New Haven & Hartford Railroad 3½s 1947
25,000	New York, New Haven & Hartford Railroad Conv. Deb. 6s 1948
15,000	Northern Pacific Railway Company, General Lien & Land Grant 3s 2047
20,000	Norway, Kingdom of, External 5½s 1965
20,000	Pacific Gas & Electric Company General & Refunding 5s 1942
35,000	Pennsylvania Power & Light Company 1st 4½s 1981
15,000	Pennsylvania Railroad 4¼s 1981
15,000	Rochester Gas & Electric Corporation "E" 5s 1962
10,000	St. Johnsbury & Lake Champlain R. R. Co. 1st 5s 1944
10,000	St. Paul Union Depot Company 1st Refunding "A" 5s 1972
20,000	Safe Harbor Water Power Corporation 4½s 1979
20,000	Shawinigan Water & Power Company 1st & Coll. Tr. "C" 5s 1970
20,000	Shell Union Oil Corporation Debenture 5s 1947
10,000	Southern Bell Telephone & Telegraph Co. 1st 5s 1941
10,000	Southern California Edison Company General 5s 1939
20,000	Southern Pacific Company 4½s 1969
40,000	Standard Oil Company of New York Debenture 4½s 1951
5,000	Swift & Company 1st mortgage 5s 1944
10,000	Tacoma Railway & Power Company 1st 5s 1929 (C/D)
10,000	Toronto, City of, 5s 1938
35,000	Union Electric Light & Power Company 5s 1957
20,000	Utah Power & Light Company 1st 5s 1944
15,000	Washington Water Power Company 1st & General 5s 1960

$20,000	Western Massachusetts Companies 4s 1939
10,000	Western Union Telegraph Company 5s 1960

STOCKS

250 shs.	Algonquin Printing Company
100 shs.	American Can Company, common
150 shs.	American Sugar Refining Company, preferred
348 shs.	American Telephone & Telegraph Co.
204 shs.	Atchison, Topeka & Santa Fe Railway Co., common
200 shs.	Borden Company, common
100 shs.	Boston Real Estate Trust
16 shs.	Boston & Maine Railroad Co., 1st preferred "A"
32 shs.	Boston & Maine Railroad Co., 6% preferred
100 shs.	Chicago Junction Railways & Union Stock Yards Co., preferred
200 shs.	Consolidated Gas Company of New York, common
200 shs.	Consolidated Gas Company of New York, $5.00 preferred
25 shs.	Dwelling House Associates
100 shs.	Edison Electric Illuminating Company of Boston
100 shs.	Electric Bond & Share Company, preferred
12 shs.	Fall River Laundry Company
218 shs.	First National Bank of Boston
328 shs.	General Electric Company, common
100 shs.	Ludlow Manufacturing Associates
200 shs.	National Biscuit Company, common
188 shs.	National Shawmut Bank of Boston
200 shs.	New York Central Railroad Company
116 shs.	Pennsylvania Railroad Company
200 shs.	Procter & Gamble Company, common
100 shs.	Public Service Corporation of New Jersey, $5.00 preferred
54 shs.	Rhode Island Public Service Company, preferred
200 shs.	Southern Railway Company, preferred
200 shs.	Standard Oil Company of New Jersey
90 shs.	Stevens Manufacturing Company, preferred
100 shs.	Union Pacific Railroad Company, common
200 shs.	United Fruit Company
100 shs.	United States Steel Corporation, common
300 shs.	United States Steel Corporation, preferred

SECURITIES HELD FOR WEBER FUND

BONDS

$1,000	U. S. Treasury Notes, 2½%, September 15, 1938
500	U. S. Liberty Loan 4th 4¼s, October 15, 1938
500	U. S. Treasury Bonds, 3¼%, October 15, 1945
5,000	Boston, City of, registered 4s 1946

The Managers gratefully acknowledge receipt of the following legacies during the year 1934:

Estate of Lucy H. Eaton	$25,000.00
Estate of George Green Cook	79.44
Estate of Edward B. Field	250.00
Estate of Elizabeth R. Stevens	899.00*
Estate of William Brewster	10,000.00
Estate of Mary Agnes Eaton	76.97
Estate of Louis Curtis	2,500.00
Estate of John C. Welton	4,000.00
Estate of Hannah H. Kimball	1,000.00*
Estate of Annie C. Wilson	1,002.19

*These amounts have been added to the Permanent Funds, Income for General Purposes.

RESTRICTED FUNDS

December 31, 1934

1850	Bequest under will of John Bromfield	$10,000.00
1871	Bequest under will of Nabby Joy	10,000.00
1876	Bequest under will of Susan T. Gray	1,000.00
1882	Berkshire Fund	5,000.00
1882	Nathaniel Thayer Fund	54,570.00
1887	Bequest under will of Richard Perkins	10,000.00
1889	Bequest under will of Elisha T. Loring	3,500.00
1892	Bequest under will of J. Huntington Wolcott	1,500.00
1895	Bequest under will of Samuel E. Sawyer	2,382.20
1896/7	Ann White Vose Fund	18,591.54
1898	Bequest under will of Henry L. Pierce	20,000.00
1898	John W. and Belinda L. Randall Fund	30,000.00
1898	Weber Fund	8,106.61
1899	Theodore Chase Memorial Fund	2,500 00
1901	Aural Surgeons Fund	15,921.75
1901	Bequest under will of Henry Saltonstall	10,000.00
1907	Adelaid Lecompte Spalding Fund	25,000.00
1909	Bequest under will of Frederick R. Sears	20,000.00
1912	Julia M. Moseley Fund	6,190.47
1912	The Fund for Maintenance of Gardner Building	16,113.43
1912	Social Service Fund	5,000.00
1914/15	Bequest under will of William S. Hills	10,000.00
1915	Bequest under will of Harriett Otis Cruft	10,000.00
1921	Bequest under will of Clara B. Kimball	1,050.00
1921	Bequest under will of Charles Frederick Smith	8,663.00

1923	Charles B. R. Hazeltine Fund	$ 10,000.00
1923	Harriet S. Hazeltine Fund	3,000.00
1923	Bequest under will of William F. Watson	6,000.00
1924	Bequest under will of Joseph B. Glover	28,650.00
1924	Bequest under will of Anna P. Rogers	10,000.00
1927	Alice Lee Thomas Stevenson Fund	10,000.00
1927	Charles C. Ely Fund	5,000.00
1927	Dr. E. H. Bradford Fund	1,000.00
1927	Levina B. Urbino Fund	500.00
1927	Walter C. Lewis Fund	25,000.00
1928	Mary Lowell Stone Fund	2,450.00
1931/32	George C. Pierce Fund	34,251.95
1931/34	Bequest under will of Elizabeth R. Stevens	538,426.56
1932/33	George Strong Derby Memorial Fund	10,050.10
1934	Hannah H. Kimball Fund	1,000.00

REPORT OF THE LADIES' VISITING COMMITTEE

As we review the year 1934 it seems that quite a little has been accomplished by our Committee.

Two members of the Committee are assigned as readers in the wards each two weeks. These members have found their visits greatly appreciated by the patients, particularly in the wards where eye cases are treated. They are often called upon to write letters, read correspondence, and in general attempt to interest and brighten the outlook of the patient.

Our Committee was invited to send representatives to the meeting of the 1934 Emergency Relief Campaign Carnival. We joined with the Ladies' Committee of the Massachusetts General Hospital in sponsoring a booth where we sold cakes and cookies and conducted games. The ladies of our Committee sold two hundred and fifty dollars' worth of tickets for admission to the Carnival and our share of the net proceeds of the booth was four hundred fifty-seven dollars and sixty-six cents. Both these sums, we understand, were credited to the general funds of the Infirmary.

In the Spring we held a Rummage Sale. This sale has become an annual event which is anticipated by many. The operators of the building kindly permitted us to use a part of the old Copley Square Hotel, where we had plenty of room, and our sale netted one thousand two hundred five dollars and thirty-nine cents.

Dr. Bigelow addressed the members of the Committee at the March meeting and outlined a few of the more immediate needs of the Infirmary. In an effort to meet these needs our Committee supplied the Infirmary with two incubators, nine cribs and mattresses, and ten Gatch beds. We also attempted to add interest to the House Officers' surroundings by furnishing a ping-pong set and table, water coolers, and some comfortable sun deck chairs. These items were greatly appreciated by the House Officers.

During the year we established an annual budget for the Occupational Therapy Department. We also continued to maintain the Fund for Breast Milk and contributed to a few minor expenses of the Social Service Department as their needs were brought to our attention from time to time.

A great many gifts were generously made by individual members of the Committee: flowers, reading matter, cards, materials and innumerable small but essential articles which do not appear on our records, but which have been of great help to the patients.

The favors for Thanksgiving Day and Christmas Day trays were most effectively made and arranged by Miss Wade. The brilliant Christmas tree for the Yard was again supplied by one of our members, and funds and candy were also given for the Christmas Party at the Nurses' Home.

We are all most appreciative of the spirit of cooperation shown the Committee at all times by Miss Robertson and Miss Tarbox, and we are indeed grateful for the privilege of assisting in the very fine work done by Miss Smith, through the Social Service Department, and in aiding Miss Wade to further the activities of the Occupational Therapy Department.

We hope that our efforts in the future will be of some value to these and other members of the Staff as well as to the patients.

GEORGIA APPLETON DAVIS,
Chairman Ladies' Visiting Committee.

REPORT OF THE DIRECTOR

To the Managers:

Gentlemen: I have the honor to submit the report of the Director for the year 1934.

On February twelfth Dr. Washburn, who had been Director since 1915, was retired by reason of the age limit set by the Massachusetts General Hospital. His retirement was a great loss to the Infirmary and was deeply regretted by all who worked with him.

Dr. Bigelow, who had been with us since October 1933, assumed his duties as Director. We appreciated his sterling qualities. His tragic disappearance on December third cast a gloom over all.

The statistics for the hospital work vary little from the preceding year.

The total receipts from patients were $24,580.47 more than in the previous year. The maintenance expenses were $2,630.23 less; the extraordinary expenses $11,479.28 more. Stock on hand January 1, 1935, decreased $9,005.38 from that of January 1, 1934. In all $13,778.97 were expended for extraordinary expense. This money was spent for the following improvements:

Ventilation in the kitchen and laundry
Fire-proofing the stairs and painting in the Gardner Building
New floors in the employees' dining rooms
New equipment for the X-Ray Department
New vacuum equipment
New bookkeeping machines

The increase in receipts was largely due to the fact that we were able to collect more this year from cities and towns, for patients who were unable to pay, than in previous years.

The Vision and Perimetry Rooms in the Out-Patient Department have been re-organized and are now working in a manner that brings greater benefit to the patients and more satisfaction to the Staff.

During the year Dr. D. Crosby Greene, Consulting Surgeon in Oto-Laryngology, Dr. James J. Regan, Assistant Surgeon in Ophthalmology, Dr. Isabelle D. Kerr, Assistant Surgeon in Oto-Laryngology and Dr. Hugo L. Bair, Clinical Assistant in Ophthalmology, resigned from the Staff.

The President of your Board, Mr. Russell G. Fessenden, has given so much personal attention and valuable thought to the affairs of the Infirmary, and has been such a tower of strength in support of the administration, that it should be and is most gratefully acknowledged.

We wish to acknowledge the help and cooperation of the Ladies' Visiting Committee, the Metropolitan Chapter of the American Red Cross and the Needle Work Guild. To the Professional Staff, Heads of Departments and all other workers who have given us their advice and support during the year, we wish to record our sincere appreciation.

Attention is invited to the appended statistics and departmental reports.

Annie M. Robertson, R. N.,
Assistant to the Director.

DIRECTOR'S FINANCIAL STATEMENT

JANUARY 1, 1934 TO JANUARY 1, 1935

OPERATING EXPENSES	1934	1933
SALARIES AND WAGES		
Administration, Officers and Clerks	$28,161.36	$28,980.59
Telephone Operators	1,282.97	1,315.74
Physicians and Surgeons	5,795.66	5,629.20
Supt. of Nurses, Assistants and Instructors	3,844.58	3,624.98
Nurses	39,656.63	38,814.43
Post-Graduate Nurses	549.45	668.09
Pupil Nurses	420.99	540.91
Attendants and Ward Maids	14,216.12	13,747.00
Orderlies	12,535.78	12,495.32
Apothecary	3,205.30	2,955.52
X-Ray Operators and Clerks	7,189.50	6,974.95
Opticians	5,672.94	5,631.56
Refractionists	8,191.51	4,032.94
Messengers, Cleaners and Maids	5,657.97	5,448.41
Housekeeping Wages	14,383.91	14,328.45
Kitchen and Serving Room Wages	14,069.70	13,911.78
Laundry Wages	6,665.04	6,403.26
Laboratories	5,078.90	5,257.32
Social Service	12,200.80	12,168.23
Clinical Records	5,039.17	4,911.34
Maintenance of Buildings	16,120.76	15,566.85
Store	2,030.97	2,029.86
Occupational Therapy Worker and Kindergarten Worker	2,687.24	2,725.50
Miscellaneous	152.86	148.02
Combined O.P.D. adjustment for the year		315.96
Total	$214,810.11	$208,626.21
Special Nurses	20,832.00	15,159.00
Total Salaries and Wages	$235,642.11	$223,785.21

OPERATING EXPENSES	1934	1933
SUPPLIES		
General Administration Expenses	$13,666.35	$13,254.87
Clinical Records		1.35
Medical and Surgical Supplies	34,334.73	38,023.14
X-Ray Supplies	3,451.09	3,823.03
Optical Supplies	13,273.02	18,231.74
Uniforms and Equipment	253.24	827.78
Housekeeping and Kitchen Supplies	9,094.13	13,424.91
Laundry Supplies	2,302.81	2,022.20
Groceries and Provisions	49,228.97	46,795.25
Expenditures for Patients S. S. Dept.	1,323.95	2,147.58
Maintenance, Property and Power Plant	7,656.95	6,474.62
Gas	1,441.41	1,434.41
Electric Lights, Nurses Home	598.86	613.32
Heat, Light and Power	13,444.89	16,348.03
Fuel, Nurses Home	1,808.00	1,711.47
Water, Hospital Buildings	2,434.38	3,085.34
Water, Nurses Home	445.16	411.98
Carrying Charge for New O.P.D.	14,764.62	14,496.12
Miscellaneous	2,757.20	3,453.87
Combined O.P.D. adjustment for the year		185.88
Total Supplies	$172,279.76	$186,766.89

DIRECTOR'S FINANCIAL STATEMENT (*Continued*)

HOSPITAL RECEIPTS	1934	1933
Board, Private Patients	$48,969.55	$48,863.67
Operating Room Fees, Private Patients	11,427.60	11,943.00
X-Rays, Private Patients	2,089.50	1,881.50
Wassermanns, Private Patients	67.00	105.00
Miscellaneous, Private Patients	164.55	257.95
Board of Ward Patients	90,389.18	73,054.98
Operating Room Fees	16,308.80	15,086.42
X-Rays	15,372.71	15,127.26
Wassermanns	618.00	682.50
Refractions	9,520.25	9,705.45
Optical	60,024.44	55,616.73
Apothecary	14,828.76	15,458.95
Admission Fees Out-Patient Dept.	33,702.79	34,193.34
Throat Room	340.00	356.00
Clinical Records	1,315.46	1,521.28
Miscellaneous	5,151.37	5,181.24
Emergency Ward	1,673.57	1,557.94
Combined O.P.D. adjustment for year		1,094.40
Total	$311,963.53	$291,687.61
Special Nurses — Private	17,834.60	15,715.00
Special Nurses — Ward	3,667.45	1,482.50
Total Hospital Receipts	$333,465.58	$308,885.11

SUMMARY, 12 MONTHS	1934	1933
Salaries and Wages	$235,642.11	$223,785.21
Supplies	172,279.76	186,766.89
Total Maintenance Expenses	$407,921.87	$410,552.10
Extraordinary Expenses	13,778.97	2,299.69
Total Hospital Expenses	$421,700.84	$412,851.79
Total Hospital Receipts	333,465.58	308,885.11
Excess of Expenses over Receipts	$ 88,235.26	$103,966.68

REPORT OF THE DIRECTOR

STATISTICS

January 1, 1934 to January 1, 1935

House Patients

Number of patients treated in ophthalmic wards		2,095
Number of patients treated in aural wards		576
Number of patients treated in nose and throat wards		2,997
Number of patients treated in private wards:		
Ophthalmic	653	
Aural	59	
Nose and throat	769	1,481
		7,149
Average number of patients treated daily in Public Wards		118+
Average number of patients treated daily in Private Wards		27+
Average number of days patients remained in hospital		7+
*Number of days board furnished free		17,159
*Number of days board paid at full rate in Public Wards		26,199
Number of days board paid in Private Wards		10,162
		53,520
Per capita cost per week, including special nurses, Public and Private Wards		$39.70−
Per capita cost per week, not including special nurses, Public and Private Wards		36.97−
Per capita cost per day, including special nurses, Public and Private Wards		5.67+
Per capita cost per day, not including special nurses, Public and Private Wards		5.28+
Per capita receipts, including special nurses, Public Ward		2.78+
Per capita receipts, not including special nurses, Public Ward		2.70−
Per capita receipts, including special nurses, Private Ward		7.93−
Per capita receipts, not including special nurses, Private Ward		6.17+
Per capita receipts, including special nurses, Public and Private Wards		3.76−
Per capita receipts, not including special nurses, Public and Private Wards		3.36−
Per capita receipts on board only, Public Ward		2.08
Per capita receipts on board only, Private Ward		4.82−
Per capita receipts on special fees, Public Ward (excluding board and special nurses)		.61+
Per capita receipts on special fees, Private Ward (excluding board and special nurses)		1.35
Per capita cost of food of all persons		.40+

*These figures are obtained by taking the amount of money received for board of patients in public wards and dividing that figure by the full rate of board prevalent at that time. This gives the number of paying patients, reckoned as though they were paying full rates. By subtracting this figure from the total of patients' days we get the number of free days.

Number admitted free	808
Number admitted at less than $10.50 per week	720
Number admitted at $10.50 per week	98
Number admitted at $12.00 per week	242
Number admitted at $14.00 per week	7
Number admitted at $15.00 per week	108
Number admitted at $18.00 per week	2
Number admitted at $20.00 per week	6
Number admitted at $21.00 per week	7
Number admitted at $24.00 per week	3,609
Number admitted at $28.00 per week	55
Number admitted at $35.00 per week	6
	5,668

Private Patients

Number admitted at $24.00 per week	42
Number admitted at $28.00 per week	950
Number admitted at $35.00 per week	40
Number admitted at $42.00 per week	10
Number admitted at $49.00 per week	428
Number admitted at $63.00 per week	11
	1,481

Condition of Public Ward Patients on Discharge

Untreated	0
Against advice	8
Died	37
Otherwise discharged	5,611
Remaining in hospital on December 31, 1934	90
	5,746
Patients in hospital on January 1, 1934	78

Patients' days treatment:

(Reckoned from discharge rates)	
Paying patients	13,908
Part-paying patients	15,725
Free patients	13,345
Total	42,978

Percentage:	
Pay days	32+
Part-pay days	37−
Free days	31+
Beds	231
Occupied	61+%

OUT-PATIENT DEPARTMENT

New patients treated:	
Ophthalmic	11,244
Aural	5,272
Laryngological	4,338
Total	20,854

Additional patients' visits:	
Ophthalmic	42,984
Aural	22,919
Laryngological	16,921
Total	82,824
Total visits in the Out-Patient Department	103,678
Daily average	343+
Patients treated in the Emergency Ward	2,731
Total number free admissions, Massachusetts General Hospital and Massachusetts Eye and Ear Infirmary, Combined Out-Patient Departments	98,813

INVENTORIES

Store-Room Inventory:

	Jan. 1, 1935	*Jan. 1, 1934*
General Administration	$ 1,202.88	$ 1,125.39
Housekeeping and Kitchen	3,205.69	5,087.94
Canned Goods, Groceries, etc.	3,218.65	1,289.98
Medical and Surgical	730.76	4,501.83
X-Ray Department	266.09	334.42
Maintenance Supplies	422.58	378.76
Optical Department Inventory	9,788.22	14,221.93
Total	$17,934.87	$26,940.25

REPORT OF THE WORK OF THE GARDNER BUILDING

January 1, 1934 to January 1, 1935

During the past year 268 patients were treated in the Gardner Building. Of these 13 were treated for gonorrheal ophthalmia neonatorum and 71 for non-gonorrheal ophthalmia neonatorum. At the time of entrance the cornea was involved in five cases of gonorrheal ophthalmia neonatorum, and were not clear on discharge. At the time of entrance the cornea was involved in no cases of non-gonorrheal ophthalmia neonatorum. The cornea became involved in no cases of gonorrheal ophthalmia neonatorum after admission.

There were 14 patients treated for gonorrheal suppurative conjunctivitis and 18 for non-gonorrheal suppurative conjunctivitis. At the time of entrance the cornea was involved in one case of non-gonorrheal suppurative conjunctivitis. At the time of entrance the cornea was involved in eleven cases of gonorrheal suppurative conjunctivitis and three were clear on discharge. The cornea became involved in one case of gonorrheal suppurative conjunctivitis and one case of non-gonorrheal suppurative conjunctivitis after admission.

There were also 23 patients treated for trachoma.

Twenty-four patients were transferred to Gardner Building with erysipelas and other infectious diseases which manifested themselves in the general wards of the Infirmary. Of the remaining 105, 99 were admitted with infectious diseases and 6 with a question of infectious diseases.

REPORT OF THE NURSING DEPARTMENT

JANUARY 1, 1934 TO JANUARY 1, 1935

CENSUS OF THE NURSING PERSONNEL:

Assistant to Superintendent of Nurses	1
Supervisor	1
Instructor	1
Night supervisor	1
Assistant night supervisor	1
Operating room supervisor	1
Operating room head nurses	5
Chief nurse anesthetist	1
Assistant nurse anesthetists	2
Ward head nurses	6
Out-Patient Department head nurses	3
Out-Patient Department refraction nurses	2
Assistant head nurses on wards	5
General duty graduates, day and night	14
Post-graduate student nurses	5
Affiliated student nurses	13
Total	62
Attendants	20
Orderlies	15

Ten years ago one of our ever-present difficulties was the frequent changes in the nursing personnel. The staff of graduate nurses has now grown to a total of forty-four. During the year just closed there has been but one change in the nursing staff. The major factor which has contributed to this stability, of almost one-hundred percent, is, of course, the general economic situation, but we believe that another contributing factor is that the Massachusetts Eye and Ear Infirmary is a very satisfactory institution in which to work.

The Medical Staff would I know be glad to have me express for them their appreciation of the efficient manner in which Miss Agnes Patten has administered the operating rooms. She began her work in the fall of 1933 after several years of experience in other responsible positions. Miss Patten has not only the professional but the personal qualifications that fit her for this important position which she now holds. The Infirmary is fortunate in having Miss Patten on its staff.

After a period of nineteen years of service, Miss Annie Hurley resigned from the position of night matron at the Nurses' Home. We are glad that in her later years she is enjoying a comfortable home with her sister.

During the year just closed the school has given its certificate to thirty-seven post-graduate students and to one hundred and nine affiliated under-graduate students. As would be expected, about fifty percent of the post-graduate students are from Massachusetts, but it is of interest to note that the others represent twelve different states. The majority of these young women are in private nursing; four are school nurses; two are head nurses; one is in a mercantile institution, and one with the United States Indian Service in New Mexico.

Forty-two of the affiliated under-graduate students were from the Massachusetts General Hospital; twelve from the Melrose Hospital; eight from the Peter Bent Brigham Hospital; seven from the Haverhill Municipal Hospital; and two from the Gardiner Hospital in Maine. Two of this group have now discontinued their schools: the Haverhill Municipal and the Gardiner Hospitals.

Several of the institutions from which the Massachusetts Eye and Ear Infirmary receives students for affiliation have replaced the large diplomas with ones much smaller, approximately twelve inches by nine inches, which are placed in a leather folder. This year the Infirmary has had a new plate made which engraves a similar small certificate that fits into these folders. This arrangement provides a very compact and convenient way for keeping the diplomas and certificates.

On May first, the Massachusetts Eye and Ear Infirmary, in common with several other Boston hospitals, began a six months' trial of the eight hour day for hospital specials. In the fifth month a survey of the trial was made by means of a questionnaire submitted to nurses, physicians, and patients. As the majority of all these persons surveyed were in favor of the plan, it was voted at the expiration of the trial to continue the policy. For permanent record it is wise to state that for some years previous to August 1932, patients had paid nurses a fee of six dollars for a twelve hour day and one dollar and a half per day to the hospital for the nurse's board. After August 1932, the patient paid the nurse a fee of five dollars for a twelve hour day and one dollar a day to the hospital for the nurse's board. On the new plan the patient pays a fee of four dollars and a half for a day of eight hours and to the hospital twenty-five cents for each of two meals for every nurse employed. Therefore, it will be seen that the cost to the patient today for twenty-four hours of care given by three nurses, each working eight hours, is exactly the same as the cost for two nurses, each working twelve hours, prior to August 1932.

This shorter working day for the hospital special nurse is one of the most progressive movements which has been made in nursing during the last decade. The plan is spreading slowly but surely. That these Boston hospitals, including the Massachusetts Eye and Ear Infirmary, possessed the courage to try this new plan is a matter of real satisfaction. That the plan has succeeded is great credit to the various groups who gave it their loyal support.

In closing this brief report I should like to quote the last paragraph of the paper that I read before a meeting of a section of the "American College of Surgeons". This paper reviewed the five months' trial of the plan made in the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary. The paragraph reads as follows: "The speaker begs the privilege of saying that she has had eighteen years of experience in interviewing prospective applicants to schools of nursing. Based on this experience she is of the opinion that an eight hour day for hospital special nurses will do much to reduce parents' objections to nursing as a vocation for their daughters. The removal of this parental objection will bring into the school a larger number of young women who possess integrity of character, an acceptable social background, the attributes of desirable personality, and a higher level of education. Any plan which will tend to accomplish this result is worthy of serious consideration for it will improve nursing from the standpoint of the hospital, of the nurse, of the physician, and of the patient".

Respectfully submitted,

Sally Johnson, R. N.,
Superintendent of Nurses.

REPORT OF THE MEDICAL-SOCIAL SERVICE DEPARTMENT FOR 1934

During the last four years social workers have found it necessary to accept many changes in the old order of their work. With the urgency of appeal everywhere, to meet so many immediate economic and health situations, hospital social workers generally have found it necessary to forego much of their intensive case work. To them the health of the patient is of the first importance. The emphasis of their work must be first on seeing through the medical needs of those patients referred to them, and second, the interpretation of these needs to those persons directly concerned with the general welfare of those patients.

The outstanding problem of the expense of car fares required by patients who are receiving Welfare aid, and who have no allowance for other than bare maintenance, is vexing to the social workers. A patient living thirty miles from Boston, reporting weekly for medical treatment, was discovered to have lapsed in his visits. Owing to the recent textile troubles his wife had lost her few days a week work in a mill and there was no increase in their Welfare allowance to cover this hardship. Car fares to the hospital were out of the question. He had appealed to the Welfare Board with no success, but when the social worker became acquainted with the facts and approached the Board with a clear interpretation of the case, its prognosis, the train fares were guaranteed without question. This is one type of case which has been constantly coming to the workers' attention, and although at times it has been possible to collect car fares, again there are cases where she has had to use her ingenuity to interest local people and thereby collect the costs. More than one hospital bill has been guaranteed on a Social Service case after an illuminating medical and social interpretation has been given to the Welfare Board.

The continued increasing demand for glasses has made it necessary to divide this work of interviewing patients, and the adjustments of costs among five workers now, where formerly the burden rested upon one. Human understanding, thoughtful measuring of needs, are requisite if the task of supplying glasses to hundreds of patients who apply for them is met justly, within our means. In this past year a larger number of patients than heretofore have paid small sums of money on their glasses. They have responded with readiness and come forward with their $1 or $2, not asking for glasses outright as the common practice was some two years ago.

In 1934 there were 1326 children of fourteen years or under known to our Social Service workers. Many of these children needed glasses, and those having a diagnosis of strabismus (cross-eye), or important eye defect where glasses were necessary, were supplied with them.

Again this year Social Service has supplied funds for milk sent to some of the undernourished children known to us. We wish it could have been more, but at least some children were tided over a period of ill health until they showed much better physical conditions.

We are in need of an efficient, reliable volunteer for the Ear and Throat Service. Could this need be met it would give the social worker there time to cover more cases in the Throat Clinic. We have never been as active in the Throat Clinic as we should have been, but in these last years it was not feasible to ask for any new extension of work. Fortunate indeed we were to be able to hold on to what we were already doing while hard times were with us. Could we secure another Miss Madden, who has given so much time and valuable service to the glaucoma work in these four years, we would be grateful.

Again in 1934 there has been an increase in glaucoma patients. Almost 100 more, making the total 1046. This is by far the largest single group of patients taken care of in a year by Social Service. The worker who has charge of this group, Miss Gorton, now knows all of her patients, as glaucoma patients stay with us year after year unless transferred to private doctors.

The National Society for the Prevention of Blindness sent us this year three more students to be taught eye social work.

On December 30th they returned to their respective hospitals, one to the Charity Hospital, New Orleans, one to the Provident Hospital, Chicago, and the third to the Falk Clinic, Pittsburgh. The doctors were unsparing in their goodwill and efforts in teaching these students the medical content of the course. The students were very appreciative and undoubtedly will carry on in their future work creditably.

In our cooperative work with community agencies, we have shared responsibility for the benefit of 1293 patients. As in other years the educational adjustments headed the list with 533. This undoubtedly was owing to the extensive work in the Ear Clinic with children who were sent from the public schools for special ear examinations. This work is important for it has resulted in most cooperative relations with school principals and school nurses. Ultimately more lip reading classes have been organized in the towns about Boston, as the need for taking care of some of these children's handicap was made known. We used nurses, Boards of Health, other hospitals for medical needs for patients to the extent of 439. Relief measures numbered 213, and 108 were scattered through employment, children, correctional and miscellaneous agencies.

Our Social Service work has benefited again this year from the Ladies' Visiting Committee, who are actively interested in everything that pertains to the work. Our Christmas giving was helped by the gift from the Lotta Crabtree Christmas Fund. With this we bought underwear for children and Christmas food. For much of our general relief expenses with patients, we are deeply indebted to the Permanent Charity Fund, Incorporated, for what they could allow us this year. The following tables will give a more detailed account of the work:

Total amount of money collected by workers from interested relatives and agencies for hospital apparatus or care for patients		$1,595.77
Number of patients steered for some particular service for agency or person	473	
Services secured through community agencies:		
Nurses sent into the home	254	
Dietitian sent into the home	1	

Sanatoria or other hospitals used		61	
Convalescence or Rest Homes used		21	
Summer camps or vacation homes		9	
Local doctors and clinics used		160	
Material relief, food or clothing		72	
Industrial adjustments		11	
Education and School adjustments		349	
Temporary shelter		6	
Children's Agencies		14	
Transportation of patients		44	
Settlements and Churches		9	
Correctional Departments		11	
Legal Aid		4	
Miscellaneous		35	
Total number of glasses secured by patients through Social Service (including 7 artificial eyes)		708	
Cost of these glasses and eyes			$3,478.10
Social Service paid	$ 869.87		
Patients paid	776.12		
Community agencies, other hospitals and friends paid	1,440.71		
Emergency Relief Fund paid	391.40		
Number of patients who paid part or total cost of their glasses		250	

Cases brought forward from the previous year	329
New and recurrent recorded cases	551
Total number of Glaucoma cases carried (recorded and follow-up)	1,046
General unrecorded work	2,258
Total number of patients for whom some Social Service was rendered	4,184
Follow-up clinic cases during the year	514
Patients referred to the Division of the Blind	174
Patients hard of hearing referred for special instruction	486
Children admitted to Schools for Deaf Mutes	16
Visits to homes of patients and agencies in behalf of patients	1,043

Respectfully submitted,

Amy G. Smith,
Chief Medical-Social Worker.

REPORT OF THE OCCUPATIONAL THERAPY DEPARTMENT

The year 1934 has shown no marked changes in the routine of the Department, although in both Occupational Therapy and the Library we have reached more patients than last year, as the following tables of statistics will show:

	1934	1933
Ear, Nose, Throat and Plastic	175	171
Eye	124	90
Total number of patients having Occupational Therapy	299	261
Library books and magazines circulated to patients	4,215	3,987
Average number circulated per month	351	332
Average number circulated per visit	34	28
Volumes added	122	233

It is of particular interest to note the increased number of patients with separated retina who have been referred to this Department since it has been found that if given Occupational Therapy during the long period of enforced rest in bed with complete immobility of the head, the patient is helped immeasurably. The relaxing rhythm of weaving or knotting during the day tends to induce more nearly normal sleep at night.

Patients undergoing prolonged treatment and plastic repair constitute another large group. The results of therapy — whether biblio, occupational or conversational — in better morale and the incentive to sustained effort on the patients' part are most gratifying.

The training of students from the Boston School of Occupational Therapy has continued as in the past. This involves increased responsibility and detailed instruction but allows a greater number of patients to be reached and treated than would otherwise be possible.

A student from the Philadelphia School of Occupational Therapy kindly volunteered for part time service during the summer.

REPORT OF THE OCCUPATIONAL THERAPY DEPARTMENT

The Department is greatly handicapped by lack of adequate space and facilities for carrying on our work or making the progress which we are confident could be made under more favorable conditions.

We are most grateful to the Ladies' Visiting Committee for their helpful support and cooperation. Ten subscriptions to magazines and various miscellaneous books and magazines have been given to the Patients' Library by individual members.

Respectfully submitted,

HELEN K. WADE, O. T. REG.,
Occupational Therapist.

REPORT OF THE PATHOLOGICAL LABORATORY

In addition to the routine work, it has been possible to carry on a materially larger amount of research than previously. There has been an increase in the amount of routine work. The additional time for research has been made at no sacrifice to the routine work but has resulted from improved technique.

The study of tumors still occupies the field of greatest importance. The number of tumors diagnosed is greater, particularly the carcinomatas. It is interesting to note that the proportion of eyes enucleated for hemorrhagic and secondary glaucoma is increased over primary glaucoma. This tends to indicate that the "more curable" type of glaucoma, primary glaucoma, is being treated more successfully. There has been an increasing interest in exfoliation of the lens capsule indicated by the fact that nine specimens bearing this clinical diagnosis have been sent to the laboratory. Among the unusual specimens received and studied are two cases of pseudo-tumor of the orbit, two cases of tunica vasculosa lentis, two cases of sympathetic ophthalmia, and one case each of retinitis proliferans, retinitis pigmentosa, leptothricosis conjunctivae, and epithelialization of the anterior chamber.

The new celloidin-cedar oil method of embedding specimens is proving to be satisfactory. Sarcomata of the choroid are being studied more carefully for the evidence of extension through the sclera by means of sections at intervals of 1 millimeter throughout the extent of the tumor.

Laboratory material has been used for post-graduate teaching to a greater extent. This is particularly true for house officer instruction, each Monday afternoon being devoted to such instruction at which time the house officer goes over all current diagnoses.

Reports have been submitted for publication on Osteitis Deformans and Angioids Streaks, Sarcomata of the Eye Lid, and of the Choroid, and Pulsating Exophthalmos.

REPORT OF THE PATHOLOGICAL LABORATORY

Dr. R. J. Viger has been carrying on volunteer work in the laboratory for the past six months. He has been studying the effect of the vitreous in the anterior chamber, investigating the variations in the attachments of the extraocular muscles, and reviewing the literature on sympathetic uveitis as well as making a study of the specimens of this condition in the slide library of the laboratory.

Respectfully submitted,

THEODORE L. TERRY, M.D.,
Pathologist.

REPORT OF THE HOWE LABORATORY OF OPHTHALMOLOGY

The policy of the Howe Laboratory outlined in the previous report has remained unchanged. It was stated that "as regards results, the secondary problems that arise in the course of the investigations of major problems may be even more promising and important than the latter", and during the past year this has proved to be true. Since heredity in relation to ophthalmology is simply a part of the general problem of heredity, the Howe Laboratory is especially fortunate in having upon its staff Dr. Keeler, an investigator who possesses a comprehensive knowledge of the whole subject of heredity and is keenly interested in its ophthalmological aspects. Certain of his investigations, such as those relating to diabetes and allergy, while not involving any experimental work upon the eye itself, are obviously of great importance to ophthalmology. Dr. Keeler has continued the study of the types and percentages of hereditary eye defects in State Schools for the blind. In his laboratory work he discovered a mouse having complete bilateral aniridia and he has established a strain of 37 individuals showing various grades of coloboma, ranging up to complete aniridia. This character has appeared only in mice bearing a particular genetic spotting. He is also studying corneal opacities and cataracts that are frequently associated with recessive hairless characters, and nodular corneal opacities found in another strain. He has found nystagmus in one mouse, and is investigating the possibilities of its being inherited. In a stock of mice having wavy (curly) coats he discovered certain animals which had their eyes open at birth. This character has other ocular complications in some cases.

Buphthalmos was discovered by Dr. W. E. Castle in his rabbit colony, and also by Dr. Verhoeff in one of the rabbits in the Howe Laboratory. Dr. Keeler is investigating the hereditary aspects of the condition and hopes to breed a strain of rabbits constantly showing this condition. If he is successful in this endeavor, we may be enabled to ascertain the embryological and the anatomical conditions that lead to this anomaly. Such a strain of rabbits will also supply us with animals for the investigation of operative methods of treatment which may be directly applicable not only in cases of buphthalmos, but also in cases of other types of glaucoma occurring in man.

Dr. King is continuing the study of his major problem, ocular tuberculosis. He is also continuing his study of ocular pemphigus, and in connection with the Dermatological Department of the Massachusetts General Hospital, has developed a method of treatment for this condition, hitherto regarded as hopeless, that gives promise of curing or alleviating it. Dr. King has recovered and isolated from a patient with membranous conjunctivitis the Coryne bacterium ulcerans. Clinically the condition is indistinguishable from diphtheritic conjunctivitis, but is not benefited by diphtheria antitoxin. He has also studied a case of folliculosis of the conjunctiva complicated by infection with the pneumococcus, and another complicated with tubercle bacilli.

Dr. Gundersen has continued his study of herpes in all of its forms. He has completed an investigation on the use of convalescent blood in the treatment of herpes zoster ophthalmicus. He is investigating fascicular keratitis with special reference to its treatment by operative methods. An extended investigation by him of the effects of applications of iodine in the treatment of herpes simplex will soon be ready for publication.

Mr. McCarthy has met with unexpected difficulties in the construction and calibration of the elaborate apparatus he has devised for the study of the fundamental relations among hue, saturation, and brightness in the normal and abnormal eye. It is expected that the apparatus will be ready for use in the near future.

The Laboratory has given a grant to Dr. Charles C. Lund for the investigation of a problem concerning melanotic sarcomata. Dr. Lund has submitted the following report of his work: "In 1933 it was suggested by Dr. Ferguson, working under Dr. Ewing of New York, that the determination of the amount of intermedin in the blood might be used for the diagnosis of melanotic sarcoma. Intermedin is a secretion from the pituitary body, and is tested by its effects on the color of certain fish and of amphibia. This work has been carried out in the laboratories at the Collis P. Huntington Hospital. Up to the present time, the test has not been proved to be practical, but certain suggestive results have stimulated us to continue the study."

Dr. Verhoeff has continued the study of binocular vision and its relation to strabismus, and has discovered several new fundamental facts concerning stereopsis. He has evolved a new theory of binocular vision that elucidates these facts and that for the first time seems adequately to explain the familiar yet astonishing fact that in the brain one and one can make one instead of two. In these investigations Dr. Ludvigh has given valuable assistance. Dr. Verhoeff has devised a test for stereoscopic vision, based on several new principles, that is believed to be superior to any other test for this purpose yet devised. He is investigating a problem related to glaucoma, and is devoting some time also to perfecting new instruments for operating upon the eye.

During the year, at the request of the Committee on the Howe Library, the Laboratory set aside a fund to build up and maintain, under the supervision of Dr. Keeler, a complete bibliography of hereditary eye defects, thus continuing the bibliography begun by the late Dr. Lucien Howe, the benefactor and first director of the Laboratory. To date there have been collected about 3500 titles, which cover the literature up to the year 1930.

Frederick H. Verhoeff, M.D.,
Director.

REPORT OF THE DEPARTMENT OF OPHTHALMOLOGY

In the Spring of 1934 the Board of Managers provided funds to equip and re-organize the vision and the perimetry rooms, and in the Fall they provided additional funds to increase the scope of teaching for the resident staff. For years past the volume of work in diagnosis and treatment commanded the entire time of the attending staff, and as a result refraction and perimetry fell to the lot of volunteer staff, house officers, and nurses. On account of inadequate supervision of routine and teaching in refraction and perimetry, the quality of work in these divisions left much to be desired. The betterment of this service is therefore an outstanding event, and one that will bestow increasing benefits upon patients and upon the resident staff.

The vision room is now working on the appointment plan in a manner satisfactory to patients and to staff. The equipment of the vision room has been enlarged and modernized, and will be added to year by year. The room is staffed by Dr. Harry K. Messenger, supervisor during the morning hours; Dr. William P. Beetham, supervisor during the afternoon hours; and Dr. Marion Stoll, who serves morning and afternoon, and who came to us from the Wilmer Institute at Johns Hopkins University. Capable assistance is given by Miss Thelma Farmer, R. N., and Miss Mary Hyde.

The vision room staff is augmented by eye house officers, each of whom spends each week a certain amount of allotted time in the study and treatment of refraction problems. To give background for clinical refraction, the subject of physiological optics is presented in lectures and in exercises at the optical bench by Dr. Elek J. Ludvigh, and correlation between the theory and the practice is being made by Dr. Ludvigh and the members of the vision room staff.

The perimetry room also has the appointment system for patients, and an enlarged and adequate equipment. Mornings the room is under the supervision of Dr. Virgil G. Casten, and afternoons under Dr. William P. Beetham. The Gardner house officer works under the tutelage of these men daily for three months, and he thus receives training in technic and in interpretation. The patients are receiving more careful perimetry than in former years, and particularly with glaucoma patients the surgeons have access to reliable observations which are of material aid in making a decision for the best type of treatment.

The contacts with the Howe Laboratory, the facilities of the Howe Library, and the improved service in refraction and perimetry all tend to elevate the level of practice in the eye clinic. It is hoped that funds may be forthcoming to foster clinical research through the provision of endowed research beds, and through the addition of means for chemical investigation of important eye problems.

The provision of a high frequency machine has been attended by great enthusiasm on the part of the staff, and by considerable success in re-attachment of detached retinae, through electrocoagulation.

During the year, Dr. Alfred Bielschowsky of Breslau delivered an interesting and instructive course of lectures on ocular motility and its disturbances.

We regret to note the passing of Dr. Maud Carvill, who served devotedly through the grades up to Assistant Ophthalmic Surgeon. Her industry in the clinic, and her contributions of clinical and statistical papers, serve as stimuli to younger members of the staff.

J. Herbert Waite, M.D.,
Chief of Ophthalmology (*acting*).

REPORT OF THE DEPARTMENT OF OTO-LARYNGOLOGY

The standard routine work of the hospital, both in the Out-Patient Department and in the House, has gone along smoothly. More and more cases of major surgery of the nose and throat are being operated each year.

In the matter of equipment, the chief happening during the past year has been the granting by the Managers of a Biplane fluoroscope to the X-Ray department. This fills a long felt want and will be of the greatest use in the removal of foreign bodies from the bronchi. We now have the satisfaction of having our equipment up to date.

The meeting of the American College of Surgeons called for four morning programs. There were also routine operations for the visitors to the capacity of the operating rooms. Dr. Garland and Dr. Lurie had an exhibition of historical instruments and medical books in the Hooper Room. In connection with this a luncheon was given. The program was one of the best ever put on at the hospital.

In connection with these meetings, two notable papers were read, namely, "A Ten Year Summary of Labyrinthine Cases at the Infirmary", by Dr. Philip Mysel, and "A Twelve Year Summary of the Cases of Lateral Sinus Thrombosis", by Dr. Philip E. Meltzer. These two papers were extremely valuable as a check-up on our procedures and as a comparison of our results with those of other hospitals. The showing of the hospital is a good one. At the Ear, Nose and Throat section of the American College of Surgeons, a symposium on the esophagus was given by Drs. Macmillan, Churchill, and Mosher, by invitation.

About a month later, a program was arranged for the Annual meeting of the Alumni of the hospital. Here, again, the program was of more than ordinary interest. Much appreciation was expressed by the former House Officers who attended the meeting.

Three men are spending a preliminary year with Dr. Mosher before taking the examination for the House Officership.

Two more are in line for next year. These men do the routine work of the laboratory and help in the Out-Patient Department. Their services are very much appreciated by the Staff because they enlarge the working force.

The activities of the Laboratory continue without abatement. Dr. Page is continuing his work on molds in the trachea and bronchi. It has lately been proved that some people are susceptible to molds the same as to pollen. The possibilities of this research work are important.

Dr. Lynch has completed research work on the histology of the radium burn. Dr. Heine is working on the effect of radium and X-Ray on ciliated cells of the trachea of rabbits. This, also, is new work. Dr. Lurie is continuing his work on the pathological findings in animals with disease of the ear. This work is done in connection with the work of the Department of Physiology at the Harvard Medical School. This has been in progress now some three years. Dr. Lurie's work plays an important part in checking the observations which have been made at the Medical School.

Dr. Pollock published a paper on "Plasmacytoma of the Nose and Nasopharynx".

The fluoroscopic dilatation of strictures of the esophagus by metal tipped bougies is a new method which originated here and has been tried successfully on three cases.

During the past year, epidermoid carcinoma of the esophagus, especially Grade III, has been treated by massive doses of X-Ray and improvement has resulted in two cases. This is the most hopeful happening which has occurred in these tragic cases for many years. So far, no results have been obtained in adeno-carcinoma.

HARRIS P. MOSHER, M.D.,
Chief of Otology and Laryngology.

REPORT OF THE X-RAY DEPARTMENT

There has been a slight increase in the number of patients examined in the Department during the year.

The daily work of the Department never fails to offer something of unusual interest not only to the members of the Staff but to the many visitors whom we are privileged to welcome.

For the past 10 years, all the esophageal examinations from the Throat Out-Patient and the House have been examined in the X-Ray Department. During this period over 1500 such examinations have been made. The Roentgenological findings were reported in a paper read as part of a symposium on the esophageal diseases, before the American College of Surgeons at their last meeting. During the year 321 Bouginage treatments were given under fluoroscopic control.

It is very gratifying to be able to acknowledge the new equipment for the Department, which consists of a Biplane fluoroscope to be used to aid in the removal of foreign bodies in the esophagus and air passages. This equipment was designed especially for this specific work and is one of the very few to be found in any hospital. In addition, two new valve-tube machines have arrived to replace the mechanically rectified machine in use for a number of years. To provide suitable current a new line carrying alternating current has been brought into the Department. It will now be possible, with one of these new machines, to secure films on patients from the bronchoscopic clinic when it is necessary to introduce iodized oil for lung mapping. The addition of this new equipment will make the X-Ray Department as up to date and completely equipped as may be found in any other similar institution in the world. It is indeed a privilege to be associated with an institution where one's request for the most complete equipment is complied with so generously and graciously.

I wish to acknowledge my appreciation of the unfailing devotion of my associates in the interests of the Department.

We are entering the new year with a feeling of confidence in our ability to meet any demands that may be put upon the Department.

The following is a tabulation of the examinations:

1	Sinuses	2,887
2	Thymus	1,749
3	Mastoids	1,455
4	Teeth	587
5	Esophagus	340
6	Treatments	372
7	Chest	397
8	Foreign Body eye	201
9	Skull	96
10	Nose	141
11	Jaws	74
12	Cervical spine	136
13	Petrous tips	58
14	Lipiodol injection	36
15	Abdomen	21
16	Sella turcica	3
17	Bronchoscopy	22
18	Long bones	4
19	Optic canals	7
20	Miscellaneous	24
	Total number of examinations	8,610
	Total number of patients	7,726

A. S. Macmillan, M.D.,
Roentgenologist.

SCIENTIFIC PAPERS PUBLISHED OR READ BY THE SURGICAL STAFF

JANUARY 1, 1934 TO JANUARY 1, 1935

"Notes on Esophagus Cases". By Dr. Harris P. Mosher. Read before the American Bronchoscopic Society, June, 1934.

"Infection of the Esophagus in Acute and Chronic Disease; Fibrosis of the Terminal Portion of the Esophagus". By Dr. Harris P. Mosher. Read before the American College of Surgeons, October 18, 1934.

"Diabetes and Eye". By Dr. J. Herbert Waite. Read before a meeting in Boston of the American College of Surgeons, October, 1934.

"New Growths of the Eye". By Dr. J. Herbert Waite. *Commonhealth*, December, 1934.

"Bridle Sutures in Cataract Extraction". By Dr. W. Holbrook Lowell. *American Journal of Ophthalmology*, June, 1934, page 549.

"Diseases of the Paranasal Sinuses from the Roentgenologists and Clinicians Standpoint". By Dr. D. Campbell Smyth. Read before the Section on Ophthalmology, Otology, Rhinology and Laryngology of the Medical Society of the District of Columbia, Washington, D.C., March 21, 1934.

"The Paranasal Cavities. A review of the Literature of 1933". By Dr. D. Campbell Smyth. *Archives of Otolaryngology*, August, 1934, Vol. 26, pages 219–261.

"An Attempt to Correlate the Various Theories of Vaso-motor Disturbances of the Nasal and Bronchial Tracts". By Dr. Harold G. Tobey. Read in June at Cleveland, Ohio, Section of Otolaryngology, American Medical Association. To be published in *Archives of Otolaryngology*.

"Glaucoma Accompanying Nevus Flammeus". By Dr. Edwin B. Dunphy. *Transactions of American Ophthalmological Society*, November, 1934. Read before the meeting of the Society in July, 1934.

"The Mastoid Cells; Their Arrangements in Relation to the Sigmoid Portion of the Transverse Sinus". By Dr. Philip E. Meltzer. *Archives of Otolaryngology*, March, 1934.

"The Larynx". By Dr. LeRoy A. Schall. Read before the Pentucket Association of Physicians, Haverhill, Massachusetts, April 12, 1934.

"Carcinoma of the Tonsil. A Statistical Study of 230 Cases". By Dr. LeRoy A. Schall. Read before the American Laryngological Association, Cleveland, Ohio, June 8, 1934. Published in the *New England Journal of Medicine*, November 29, 1934, Vol. 211, No. 22, page 997.

"Carcinoma of the Larynx". By Dr. LeRoy A. Schall. Read before the Hatherly Medical Club, Whitman, Massachusetts, September 26, 1934.

"Progress in Laryngology". By Dr. LeRoy A. Schall. *New England Journal of Medicine*, October 18, 1934, Vol. 211, No. 16, pages 717–726.

"Respiratory Paralysis in a case of Cerebellar Abscess. Autopsy findings — Herniation of Cerebellum into Foramen Magnum". By Dr. G. Bernard Fred. *Laryngoscope*, July, 1934.

"The Electric Response of the Cochlea". By Dr. M. H. Lurie, Dr. H. Davis, Dr. A. J. Derbyshire and Dr. L. J. Saul. *American Journal of Physiology*, February, 1934, Vol. 107, No. 2,

"The Electrical Activity of the Cochlea in Certain Pathologic Conditions". By Dr. M. H. Lurie, Dr. H. Davis and Dr. A. J. Derbyshire. *Annals of Otology, Rhinology and Laryngology*, June, 1934, Vol. 43, No. 2, page 321.

"Recent Experimental Work on Physiology of Hearing. Its Significance to the Otologist". By Dr. M. H. Lurie. *The Laryngoscope*, St. Louis, June, 1934.

"A Modification of Auditory Theory". By Dr. M. H. Lurie, Dr. H. Davis, Dr. A. J. Derbyshire. *The Archives of Otolaryngology*, September, 1934, Vol. 20, pages 390–395.

"Pulsating Exophthalmos due to Internal Carotid-Jugular Aneurysm". By Dr. Theodore L. Terry and Dr. Philip Mysel. *Journal of American Medical Association*, October 6, 1934, Vol. 103, page 1036.

"Sarcoma of the Eye Lid". By Dr. Theodore L. Terry. *Archives of Ophthalmology*, November, 1934, Vol. 12, page 689.

"Osteitis Deformans and Angioid Streaks". By Dr. Theodore L. Terry. *Transactions of the American Ophthalmological Society*, 1934.

"Progress of Anaesthesia in 1933". By Dr. Russell F. Sheldon. *New England Journal of Medicine*, June 21, 1934, 210; 1333.

STAFF OF HOWE LABORATORY OF OPHTHALMOLOGY

"A New Instrument for Simplifying the Insertion of Corneo-sclero-Conjunctival Sutures in Operations for Cataract". By Dr. Frederick H. Verhoeff. *American Journal of Ophthalmology*, January, 1934, Vol. 17, No. 1, pages 53–57,

"Cycloduction". By Dr. Frederick H. Verhoeff. To appear in the *Transactions of the American Ophthalmological Society*.

"A New Theory of Binocular Vision". By Dr. Frederick H. Verhoeff. To appear in the *Archives of Ophthalmology*.

"Blood-group Incompatibility in Rabbit Embryos and in Man". By Dr. C. E. Keeler and Dr. W. E. Castle. *Proceedings of the National Academy of Science*, 20: 273–276.

"The Heredity of White Spotting in Negroes". By Dr. C. E. Keeler. *Journal of American Medical Association*, 103: 179–180.

"The Influence of Pregnancy upon the Titre of Immune (blood-group) Antibodies in the Rabbit". By Dr. C. E. Keeler and Dr. W. E. Castle. *Proceedings of the National Academy of Science*, 20: 465–470.

"Heredity as a Cause of Human Blindness". By Dr. C. E. Keeler. *Journal of Heredity*, 25: 289–294.

"The Inheritance of Allergy". By Dr. C. E. Keeler and Dr. C. S. Bucher. *Journal of Allergy*, 5: 611–614.

"Hereditary Absence of Upper Lateral Incisors". By Dr. C. E. Keeler and Dr. Ralph Short. *Journal of Heredity*, 25: 391–392.

"Blood Group Inheritance in Rabbits". By Dr. C. E. Keeler and Dr. W. E. Castle. *Journal of Heredity*, 25: 433–439.

"Sub-conjunctival Iron Deposits after Adrenin Injections". By Dr. Trygve Gundersen. *American Journal of Ophthalmology*, September, 1934, Vol. 17, No. 9, page 807.

TABLE OF DISEASES

COMPILED FROM RECORDS

JANUARY 1, 1934 TO JANUARY 1, 1935

	House	Out-Patient
SECTION I		
Specific Infectious Diseases. General Diseases	208	181
SECTION II		
Diseases due to Animal Parasites	3	6
SECTION III		
Diseases of Metabolism and Deficiency	66	15
SECTION IV		
Diseases Peculiar to Infancy	87	77
SECTION V		
Diseases due to Physical Agents	4	12
SECTION VII		
Tumors, Benign and Malignant	342	1063
SECTION VIII		
Congenital Malformations	49	10
SECTION IX		
Injuries	64	101
SECTION X		
Diseases of the Skin	38	204
SECTION XI		
Diseases of the Circulatory System	36	39
SECTION XII		
Diseases of the Lymphatic System	33	28
SECTION XIII		
Diseases of the Blood-Forming Organs	11	1
SECTION XIV		
Diseases of the Ductless Glands	7	9
SECTION XV		
Diseases of the Nervous System	98	44
SECTION XVI		
Diseases of the Bones, Joints, Muscles, Tendons and Fascia	16	3

SECTION XVII	HOUSE	OUT-PATIENT
Diseases and Injuries of the Eye and Ear		
Diseases of the Eye	3,166	20,320
A. General	555	13,193
B. Lids	67	828
C. Lacrimal Apparatus	86	296
D. Conjunctiva	84	1,341
E. Cornea	309	1,457
F. Anterior Chamber	71	50
G. Sclera	14	48
H. Lens	988	1,251
J. Uveal Tract	40	57
1. Iris	136	215
2. Ciliary Body	14	12
3. Choroid	31	130
K. Retina	143	230
L. Vitreous	54	72
M. Optic Nerve	31	143
N. Eyeball	175	207
O. Orbit	46	17
P. Disturbances of Motion	322	429
Diseases of the Ear	704	3,516
Q. General	1	96
R. Auricle	15	14
S. External Auditory Canal	28	1,133
T. Eustachian Tube		210
V. Middle Ear and Mastoid	642	1,723
W. Internal Ear	18	340
SECTION XVIII		
Diseases of the Nose and Accessory Sinuses	790	1,620
SECTION XIX		
Diseases of the Mouth, Lips, Cheeks, Pharynx, Tonsils and Palate	2,560	2,207
SECTION XX		
Diseases of Jaw, Teeth and Gums	13	69
SECTION XXI		
Diseases of the Tongue	2	
SECTION XXII		
Diseases of Esophagus	65	32
SECTION XXIII		
Diseases of the Stomach	2	
SECTION XXIV		
Diseases of the Intestines	1	

TABLE OF DISEASES

	House	Out-Patient
SECTION XXV		
Diseases of the Liver and Biliary Tract	3	
SECTION XXIX		
Diseases of the Larynx	27	62
SECTION XXX		
Diseases of the Trachea and Bronchi	22	8
SECTION XXXI		
Diseases of the Lungs	8	1
SECTION XXXII		
Diseases of the Pleura and Mediastinum	2	
SECTION XXXIII		
Diseases of the Kidney and Ureter	7	
SECTION XXXVI		
Diseases of the Male Generative Organs	2	
SECTION XXXVIII		
Diseases and Conditions Peculiar to Pregnancy and the Puerperal state	1	1
SECTION XL		
Anaphylaxis	7	71
SECTION XLI		
Abnormalities of Urine	4	
SECTION XLII		
Ill-Defined or Unclassified Diseases	112	7,038
Totals	8,560	36,394

LIST OF GRADUATE HOUSE OFFICERS OF THE MASSACHUSETTS EYE AND EAR INFIRMARY

Alexander, Seeyman L., *Aural*, 1919. 151 Bloor Street, W., Toronto, Ontario, Canada.
Allen, John H., *Aural*, 1904. 717 Congress Street, Portland, Maine.
Allman, Charles H., *Oto-Laryngological*, 1930. 520 Commonwealth Ave., Boston, Mass.
Amadon, A. M., *Aural*, 1897–98. (Deceased.)
Amberg, Emil, *Aural*, 1897. 662 Macabees Building, Detroit, Michigan.
Anthony, Marc, *Ophthalmic*, 1929. Westminster Apts., Spokane, Washington.
Aylesworth, Frederick A., *Ophthalmic*, 1916. Suite 1001, Medical Arts Building, Toronto, Ontario, Canada.
Bair, Hugo L., *Ophthalmic*, 1932. Mayo Clinic, Rochester, Minnesota.
Barss, Richard, *Ophthalmic*, 1877.
Bassen, Edward J., *Ophthalmic*, 1928. 698 Madison Ave., New York City, N. Y.
Baur, Frederick E., *Aural*, 1902. 43 Grande Ave., Milwaukee, Wisconsin.
Beetham, William P., *Ophthalmic*, 1929. 5 Bay State Road, Boston, Mass.
Berry, Gordon, *Aural*, 1910. 36 Pleasant Street, Worcester, Mass.
Bigelow, F. Nolton, *Aural*, 1910. (Deceased.)
Birdsall, Clarence H., *Aural*, 1918. 26 Summer Street, Haverhill, Mass.
Bogan, Frederick L., *Aural*, 1908. 464 Commonwealth Avenue, Boston, Mass.
Boies, Lawrence R., *Oto-Laryngological*, 1931. 1937 Medical Arts Building, Minneapolis, Minnesota.
Bradford, Henry W., *Ophthalmic*, 1877. (Deceased.)
Brawner, Leon E., *Oto-Laryngological*, 1925. 157 Forrest Street, N. E., Atlanta, Georgia.
Bridgewood, David, *Ophthalmic*, 1926. (Deceased.)
Briggs, Wallace R., *Ophthalmic*, 1920. 229 M Street, Sacramento, California.
Burke, J. Robert, *Ophthalmic*, 1918. *Aural*, 1919. 207 Elm Street, Holyoke, Mass.
Cahill, Harry P., *Aural*, 1914. 520 Commonwealth Ave., Boston, Mass.
Cameron, Walter C., *Ophthalmic*, 1930. 1103 Rhodes Building, Tacoma, Washington.
Canfield, R. Bishop, *Aural*, 1901. (Deceased.)
Caples, Thomas R., *Ophthalmic*, *Aural*, 1915–1916. 191 Merrimac Street, Haverhill, Mass.
Carleton, Ralph, *Ophthalmic*, 1896. 10 Temple Street, Springfield, Mass.
Caron, Armand L., *Oto-Laryngological*, 1927. 390 Main Street, Worcester, Mass.
Carroll, Henry G., *Ophthalmic*, 1911. 270 Commonwealth Ave., Boston, Mass.
Carter, Leland F., *Ophthalmic*, 1926. 4061 Pasadena Ave., Detroit, Michigan.
Casten, Virgil G., *Ophthalmic*, 1931. 520 Commonwealth Ave., Boston, Mass.
Cave, Linus S., *Oto-Laryngological*, 1927. Physicians' Building, Syracuse, N. Y.
Chamberlain, Allen H., *Ophthalmic*, 1889. (Deceased.)
Chandler, H. Beckles, *Ophthalmic*, 1880. 34½ Beacon Street, Boston, Mass.
Chandler, H. Beckles, Jr., *Ophthalmic*, 1912. 34½ Beacon Street, Boston, Mass.
Chandler, Paul A., *Ophthalmic*, 1925. 5 Bay State Road, Boston, Mass.

Cheney, Frederick E., *Ophthalmic*, 1888. (Deceased.)
Cheney, Robert C., *Ophthalmic*, 1921.
6 Commonwealth Ave., Boston, Mass.
Clap, Edmund W., *Ophthalmic*, 1899.
390 Commonwealth Ave., Boston, Mass.
Clarke, Jonas, *Ophthalmic*, 1877.
Coughlan, John N., *Aural*, 1900. 418 Mayer Building, Portland, Oregon.
Cooper, Kemp G., *Oto-Laryngological*, 1930.
1516 Cook Street, Denver, Colorado.
Coyle, John A., *Ophthalmic*, 1931. Wilder, Vermont.
Crewson, Arthur L., *Oto-Laryngological*, 1927.
142 Pitt Street, Cornwall, Ontario, Canada.
Crockett, Eugene A., *Aural*, 1892. (Deceased.)
Davidson, Herman P., *Ophthalmic*, 1920.
Suite 1424, 30 North Michigan Ave., Chicago, Illinois.
Davis, Frederick A., *Ophthalmic*, 1892. (Deceased.)
Day, Charles Orrin, *Aural*, 1922. 270 Commonwealth Ave., Boston, Mass.
Day, Kenneth, *Oto-Laryngological*, 1924.
121 University Place, Pittsburgh, Pennsylvania.
Dean, Abbott W., *Ophthalmic*, 1929.
424 Oakland Ave., Council Bluffs, Iowa.
Donahue, Hugh C., *Ophthalmic*, 1931.
520 Commonwealth Ave., Boston, Mass.
Dowling, Joseph L., *Ophthalmic*, 1918.
57 Jackson Street, Providence, Rhode Island.
Dunphy, Edwin B., *Ophthalmic*, 1923.
101 Bay State Road, Boston, Mass.
Drury, Dana W., *Aural*, 1906. 483 Beacon Street, Boston, Mass.
Easton, Elwood T., *Ophthalmic*, 1900. 209 Newbury Street, Boston, Mass.
Ellis, Edward K., *Ophthalmic*, 1905. 412 Beacon Street, Boston, Mass.
Ernlund, Carl H., *Oto-Laryngological*, 1927.
5 Bay State Road, Boston, Mass.
Evans, Maurice G., *Oto-Laryngological*, 1928.
311 Commonwealth Ave., Boston, Mass.
Evans, William H., *Ophthalmic*, 1924.
510–517 Dollar Bank Building, Youngstown, Ohio.
Farrell, James L., *Ophthalmic*, 1932. Kempf Building, Utica, New York.
Faunce, Calvin B., *Aural*, 1907. 412 Beacon Street, Boston, Mass.
Finck, Harry P., *Aural*, 1919. (Deceased.)
Fisher, Carl, *Ophthalmic*, 1907.
1930 Wilshire Boulevard, Los Angeles, California.
Fisher, Stanwood E., *Aural*, 1909. 122 State Street, Portland, Maine.
Frackelton, Ralph J., *Oto-Laryngological*, 1933.
15701 Detroit Ave., Lakewood, Ohio.
Franklin, C. Ray, *Ophthalmic*, 1931.
168th Street and Broadway, New York City, New York.
Frazee, John R., *Oto-Laryngological*, 1934. 311 Beacon St., Boston, Mass.
Fred, Gus Bernard, *Oto-Laryngological*, 1925.
475 Commonwealth Ave., Boston, Mass.
Frisch, Frederick, *Ophthalmic*, 1908. (Deceased.)
Fultz, William E., *Ophthalmic*, 1927. 45 Kaye Street, Halifax, Nova Scotia.
Gabriels, Joseph A. C., *Ophthalmic*, 1921.
435 State Street, Albany, New York.
Gallagher, John H. C., *Aural*, 1920. 107 Centre Street, Chicopee, Mass.
Gaudreau, Honoré E., *Ophthalmic*, 1930.
293 Bridge Street, Springfield, Mass.

Gaus, Louis, *Ophthalmic*, 1921. 220 State Street, Albany, N. Y.
Germain, Harry H., *Ophthalmic*, 1899.
475 Commonwealth Ave., Boston, Mass.
Gibson, Arthur C., *Aural*, 1921. 516 Sutter Street, San Francisco, California.
Gifford, Harold, Jr., *Ophthalmic*, 1934.
1620 Medical Arts Building, Omaha, Nebraska.
Gilbert, John J., *Ophthalmic*, 1917. *Aural*, 1920.
221 Thayer Street, Providence, Rhode Island.
Gillespie, Elmer H., *Oto-Laryngological*, 1932.
101 Bay State Road, Boston, Mass.
Goldman, A. Milton, *Ophthalmic*, 1924.
121 E. 60th Street, New York City, N. Y.
Goodale, Robert L., *Oto-Laryngological*, 1926.
258 Beacon Street, Boston, Mass.
Goodall, Edwin B., *Ophthalmic*, 1918. 101 Bay State Road, Boston, Mass.
Goodell, William, *Aural*, 1906. 121 Chestnut Street, Springfield, Mass.
Goray, J. P., *Ophthalmic*, 1897. Day Street, Fitchburg, Mass.
Gray, Gerald H., *Oto-Laryngological*, 1929.
420 Mountain Ave., Piedmont, California.
Grossman, Herman P., *Ophthalmic*, 1934.
224 Thayer Street, Providence, Rhode Island.
Gundersen, Trygve, *Ophthalmic*, 1930. 5 Bay State Road, Boston, Mass.
Hacking, Raymond F., *Ophthalmic*, 1927.
105 Waterman Street, Providence, Rhode Island.
Halliday, Armond A., *Aural*, 1919. (Deceased.)
Hammond, Philip, *Aural*, 1894. 483 Beacon Street, Boston, Mass.
Happ, Linley C., *Oto-Laryngological*, 1931.
124 Waterman Street, Providence, Rhode Island.
Haskell, Henry H., *Ophthalmic*, 1893. 5 Vista Ave., Auburndale, Mass.
Hawkins, Henry, *Ophthalmic*, 1909. 394 Marlborough Street, Boston, Mass.
Heffernan, David A., *Ophthalmic*, 1904.
270 Commonwealth Ave., Boston, Mass.
Hennessey, William W., *Aural*, 1908. 333 Essex Street, Salem, Mass.
Hill, Frederick T., *Aural*, 1916. 111 Main Street, Waterville, Maine.
Hobart, Carl, *Ophthalmic*, 1922.
518 Metropolitan Building, St. Louis, Missouri.
Hollabaugh, Charles F., *Ophthalmic*, 1932.
Doctors' Building, Nashville, Tennessee.
Holmes, Edgar M., *Oto-Laryngological*, 1934.
520 Commonwealth Ave., Boston, Mass.
Hoople, Gordon D., *Oto-Laryngological*, 1926.
The Medical Arts Building, Syracuse, New York.
Hubbard, Rufus P., *Ophthalmic*, 1879.
308 West 15th Street, New York City, New York.
Hurley, Edward D., *Ophthalmic*, 1907. 419 Boylston Street, Boston, Mass.
Hussey, Edward J., *Ophthalmic*, 1906. (Deceased).
Jack, Edwin E., *Ophthalmic*, 1888. 215 Beacon Street, Boston, Mass.
Jackle, Arthur F., *Ophthalmic*, 1913. Kunkirk, New York.
Jennings, John G., *Ophthalmic*, 1917. 82 Commonwealth Ave., Boston, Mass.
Johnson, Charles I., *Oto-Laryngological*, 1929.
270 Commonwealth Ave., Boston, Mass.
Jones, Edward Earl, *Oto-Laryngological*, 1928.
23 Main Street, Brockton, Mass.
Judd, Delbert K., *Oto-Laryngological*, 1934.
1020 Medical Arts Building, Omaha, Nebraska.

Kearny, Richard A., *Aural*, 1921. 2311 Connecticut Ave., Washington, D.C.
Kendall, M. Ray, *Aural*, 1917. 102 Huron Road, Cleveland, Ohio.
Kennedy, Michael Francis, *Ophthalmic*, 1927.
I Street, N.W., Washington, D. C.
Kerst J. Arthur, *Ophthalmic*, 1934.
608 East Capitol Avenue, Springfield, Illinois.
Kilburn, Henry W., *Aural*, 1885. (Deceased.)
King, Merrill J., *Ophthalmic*, 1932. 82 Commonwealth Ave., Boston, Mass.
Langworthy, Henry G., *Aural*, 1907. 10th and Bluff Streets, Dubuque, Iowa.
Leahey, Brendan D., *Ophthalmic*, 1933.
144 Commonwealth Ave., Boston, Mass.
LeCompte, Walter A., *Aural*, 1901. (Deceased.)
Lemoine, Albert E., *Ophthalmic*, 1923.
1119 Rialto Building, Kansas City, Missouri.
Levitt, Jesse M., *Ophthalmic*, 1933. 734 Ocean Ave., Brooklyn, New York.
Liebman, William, *Ophthalmic*, 1911.
311 Commonwealth Ave., Boston, Mass.
Lodge, Edmund A., *Oto-Laryngological*, 1924.
410 Arygle Building, Kansas City, Missouri.
Loring, Robert G., *Ophthalmic*, 1900. 140 Beacon Street, Boston, Mass.
Lothrop, Oliver A., *Aural*, 1911. 101 Beacon Street, Boston, Mass.
Lougee, John L., *Aural*, 1909. 483 Beacon Street, Boston, Mass.
Lowell, W. Holbrook, *Ophthalmic*, 1902.
82 Commonwealth Ave., Boston, Mass.
MacDonald, Alexander E., *Ophthalmic*, 1923.
151 Bloor Street, West, Toronto, Ontario, Canada.
Macdonald, Donald H., *Oto-Laryngological*, 1930.
45 Bay State Road, Boston, Mass.
MacKechnie, William G., *Aural*, 1918.
96 College Street, Toronto, Ontario, Canada.
Mackenzie, Roland C., *Ophthalmic*, 1911. 51 Moody Street, Waltham, Mass.
MacMillan, A. L., Jr., *Aural*, 1912.
46 Pleasant Street, Concord, New Hampshire.
Macnie, John P., *Ophthalmic*, 1929.
635 W. 165th Street, New York City, New York.
Mansur, Leon Wallace, *Ophthalmic*, 1898.
1109 Brockman Building, Los Angeles, California.
McAuley, Albert G., *Ophthalmic*, 1915.
1301 Dorchester Street, West, Montreal, Quebec, Canada.
McCabe, Frank J., *Ophthalmic*, 1916.
204 Angell Street, Providence, Rhode Island.
McCusker, John J., *Ophthalmic*, 1897.
382 Broad Street, Providence, Rhode Island.
McDonald, Samuel J., *Ophthalmic*, 1902.
362 Commonwealth Ave., Boston, Mass.
McGuigan, G. Edmund, *Ophthalmic*, 1924.
116 West Market Street, York, Pennsylvania.
McIntire, Frederic J., *Ophthalmic*, 1910.
63 North Common Street, Lynn, Mass.
McKelvey, Alexander D., *Aural*, 1911.
160 Bloor Street, West, Toronto, Ontario, Canada.
McLaughlin, William C., *Aural*, 1908.
171 Broad Street, Providence, Rhode Island.
McLeod, Angus M., *Oto-Laryngological*, 1932.
Medical Arts Building, Toronto, Ontario, Canada.
McLeod, John, *Ophthalmic*, 1930.
c/o. Dr. O. R. Wolfe, Masonic Building, Marshalltown, Iowa.

Meek, Raymond E., *Ophthalmic*, 1926.
729 Park Avenue, New York City, New York.
Meltzer. Philip E., *Aural*, 1919. 20 Charlesgate West, Boston, Mass.
Merritt, Robert E., *Ophthalmic*, 1920.
1105 Brockman Building, Los Angeles, California.
Messenger, Harry K., *Ophthalmic*, 1934.
313 Commonwealth Avenue, Boston, Mass.
Meyer, Monto F., *Ophthalmic*, 1919.
904 Canal Bank Building, New Orleans, Louisiana.
Moore, Fontaine B., *Aural*, 1914.
Morse, Almon G., *Ophthalmic*, 1893. Sunmount, New York.
Motley, Frederic E., *Oto-Laryngological*, 1925.
Charlotte Eye, Ear, Nose & Throat Hospital, Charlotte, North Carolina.
Mueller, Werner, *Oto-Laryngological*, 1933.
395 Commonwealth Ave., Boston, Mass.
Murphy, Edward M., *Ophthalmic*, 1915. 175 Central Street, Lowell, Mass.
Murphy, William E., *Oto-Laryngological*, 1933.
Slater Building, Worcester, Mass.
Myers, Roscoe W., *Ophthalmic*, 1927. 36 Pleasant Street, Worcester, Mass.
Nicholson, Harry M., *Aural*, 1913.
101 James Street South, Hamilton, Ontario, Canada.
O'Connor, Michael J., *Aural*, 1923.
532 Broad Street, Providence, Rhode Island.
Olds, Bomar A., *Oto-Laryngological*, 1929.
Suite No. 307, Medical Arts Building, Atlanta, Georgia.
O'Neil, Robert C., *Oto-Laryngological*, 1928. (Deceased.)
Parker, Harry C., *Ophthalmic*, 1902.
Porter, Charles T., *Aural*, 1914. 520 Commonwealth Ave., Boston, Mass.
Powers, George H., *Aural*, 1904. 311 Beacon Street, Boston, Mass.
Proctor, Francis I., *Aural*, 1891. Camden, South Carolina.
Provost, Adolphe J., *Oto-Laryngological*, 1927.
1061 Elm Street, Manchester, New Hampshire.
Prudhon, Charles A., *Oto-Laryngological*, 1930.
168 Sterling Street, Watertown, New York.
Quackenboss, Alexander, *Ophthalmic*, 1893. (Deceased.)
Quevedo, A., Arturo, *Ophthalmic*, 1933.
9a Ave. Sur No. 50, Guatemala City, Central America.
Quincy, Josiah E., *Oto-Laryngological*, 1926.
270 Commonwealth Ave., Boston, Mass.
Raynes, Alphonse F., *Ophthalmic*, 1923.
209 Miller Ave., Portsmouth, New Hampshire.
Reaves, Robert G., *Aural*, 1918. 425 W. Clinch Ave., Knoxville, Tennessee.
Richards, Lyman G., *Oto-Laryngological*, 1926.
319 Longwood Avenue, Boston, Mass.
Ross, Percy Jay, *Oto-Laryngological*, 1934.
Rothwell, Stephen G., *Oto-Laryngological*, 1925.
97 Spring Street, New Bedford, Mass.
Ruggles, Ralph H., *Ophthalmic*, 1920.
394 Marlborough Street, Boston, Mass.
Ruggles, Roger L., *Oto-Laryngological*, 1932. 80 Elm Street, Westfield, Mass.
Rust, Frank L., *Ophthalmic*, 1898. (Deceased.)
Ryder, George H., *Ophthalmic*, 1901. 968 Hancock Street, Quincy, Mass.
Sachs, Benjamin, *Ophthalmic*, 1925. 483 Beacon Street, Boston, Mass.
Sargent, Francis B., *Aural*, 1923.
124 Waterman Street, Providence, Rhode Island.
Savage, Ross E., *Ophthalmic*, 1910. 543 Boylston Street, Boston, Mass.

Scarney, Herman D., *Ophthalmic*, 1928.
533 David Whitney Building, Detroit, Michigan.
Shambaugh, George E., Jr., *Oto-Laryngological*, 1932.
122 S. Michigan Ave., Chicago, Illinois.
Shanahan, Timothy J., *Aural*, 1907. (Deceased.)
Simmons, Fred A., *Aural*, 1918. (Deceased.)
Sisson, Raymond J., *Ophthalmic*, 1925. (Deceased.)
Skilling, Francis C., *Ophthalmic*, 1933.
Suite 511, The Rochambeau, Washington, D. C.
Smyth, D. Campbell, *Aural*, 1910. 375 Commonwealth Ave., Boston, Mass.
Smyth, P. Sommers, *Ophthalmic*, 1905. (Deceased.)
Sowers, Martin L., *Aural*, 1922. Crossways Apts., Far Rockaway, New York.
Spalding, Fred M., *Ophthalmic*, 1900. 128 Newbury Street, Boston, Mass.
Spratt, Charles N., *Ophthalmic*, 1904. 785 9th Street, Minneapolis, Minn.
Standish, Myles, *Ophthalmic*, 1880. (Deceased.)
Tegelberg, Julius, *Oto-Laryngological*, 1931.
390 Main Street, Worcester, Mass.
Terry, Theodore L., *Ophthalmic*, 1928. 128 Newbury Street, Boston, Mass.
Thompson, Peter Hunter, *Ophthalmic*, 1902.
308 Commonwealth Ave., Boston, Mass.
Tobey, George L., Jr., *Aural*, 1905.
270 Commonwealth Ave., Boston, Mass.
Tobey, Harold G., *Aural*, 1915. 270 Commonwealth Ave., Boston, Mass.
Toot, J. Frederick, *Ophthalmic*, 1922. East Liverpool, Ohio.
Vail, Derrick T., *Ophthalmic*, 1924. 24 E. 8th Street, Cincinnati, Ohio.
Vail, Harris H., *Aural*, 1921. 917–920 Carew Tower, Cincinnati, Ohio.
Waite, J. Herbert, *Ophthalmic*, 1923. 7 Bay State Road, Boston, Mass.
Wales, Ernest DeW., *Aural*, 1902.
1236 N. Pennsylvania Street, Indianapolis, Indiana.
Walker, Clifford B., *Aural*, 1914.
Auditorium Building, Los Angeles, California.
Walker, D. Harold, *Aural*, 1902. 5 Bay State Road, Boston, Mass.
Webster, Franklin R., *Ophthalmic*, 1926.
University Building, Syracuse, New York.
Weille, Francis L., *Oto-Laryngological*, 1929.
395 Commonwealth Ave., Boston, Mass.
Weinheimer, Lambert H., *Ophthalmic*, 1922.
111 Comstock Place, Syracuse, New York.
White, Leon E., *Aural*, 1897. (Deceased.)
White, Leon E., *Aural*, 1923. 390 Commonwealth Ave., Boston, Mass.
Whitney, Raymond C., *Ophthalmic*, 1922.
7 N. 6th Street, New Bedford, Mass.
Willis, Harry C., *Aural*, 1923. 216 E. Nash Street, Wilson, North Carolina.
Winkler, Herman A., *Oto-Laryngological*, 1926.
389 Blackstone Street, Providence, Rhode Island.
Wishart, David E. S., *Aural*, 1922.
47 Grosvenor Street, Toronto, Ontario, Canada.
Worthen, Clarence F., *Ophthalmic*, 1917.
319 Commonwealth Ave., Boston, Mass.
Wright, Clarence F., *Oto-Laryngological*, 1931.
321 The Medical Arts Building, Toronto, Ontario, Canada.
Wright, Edward N., *Oto-Laryngological*, 1933.
The Medical Arts Building, Toronto, Ontario, Canada.

Form of a Bequest to the Infirmary

I give and bequeath to the Massachusetts Eye and Ear Infirmary of Boston, the sum of dollars, to be applied to the uses of said Infirmary.

Social Service Department
A L Smith

ONE HUNDRE

ANNUAL REPORT

of the

Massachusetts Eye and Ear Infirmary

Incorporated in 1827

For the Year

1935

THE MASSACHUSETTS EYE AND EAR INFIRMARY

243 Charles Street, Corner Fruit Street, Boston, Mass.

OUT-PATIENT DEPARTMENT

The Out-Patient Department is open daily, excepting Sundays and legal holidays, from 8.00 to 10.00 A.M., for examination and treatment of all persons unable to pay a physician, afflicted with disease of the eye, ear, nose or throat. Persons needing treatment in the hospital wards will be advised accordingly. Medicines and glasses are furnished at the Infirmary, but neither prescription nor advice will be sent by mail, express or messenger.

Admission fee: Adults, seventy-five cents first visit, other visits fifty cents; children under sixteen years of age, fifty cents first visit, other visits twenty-five cents.

HOSPITAL

Persons recommended for admission to the hospital wards should apply at the Director's Office before 1 P.M., *on week days only, excepting legal holidays.*

Accident and emergency cases admitted at any time.

All communications about the Infirmary or any patient must be addressed to the Director, and should contain the full name of the patient as well as the name and address of the writer.

Persons admitted to the wards as in-patients will be charged for board at the rate of twenty-four dollars per week, payable in advance, unless some special arrangement is made by the Director. No reduction in rate of board made to those residing outside the Commonwealth of Massachusetts.

Visitors will be admitted to see patients from 1 to 2 o'clock in the afternoon, and but one visitor a day is allowed to each patient over seven years of age. Children under seven years of age may be visited on Sundays and legal holidays from 1 to 2 P.M., when two visitors are permitted. Visitors may be excluded at any time.

On Sundays and holidays two visitors are allowed each patient.

The Infirmary reserves the right to investigate every case.

Massachusetts Eye and Ear Infirmary

ONE HUNDRED AND TENTH

ANNUAL REPORT

of the

Massachusetts
Eye and Ear Infirmary

For the Year

1935

BOSTON

OFFICERS, 1936

BOARD OF MANAGERS, 1935-1936

1887	George P. Gardner, 10 Post Office Square
1903	William C. Endicott, 71 Ames Building
1903	Russell G. Fessenden, 17 Court Street
1907	Charles P. Curtis, 71 Ames Building
1907	Robert H. Stevenson, 50 State Street
1914	James Dean, 201 Devonshire Street
1914	James C. Howe, 843 Exchange Building
1925	Leverett Saltonstall, 55 Congress Street
1929	Walter H. Trumbull, 45 Milk Street
*1932	William H. Claflin, Jr., 74 State Street
*1934	Patrick A. O'Connell, 154 Tremont Street, c/o E. T. Slattery Company
1934	Frank G. Allen, 248 Summer Street
1934	Robert F. Bradford, 49 Federal Street
1935	William A. Parker, 60 State Street

President

Russell G. Fessenden

Secretary

James C. Howe, 843 Exchange Building

Treasurer

James Dean, 201 Devonshire Street

Executive Committee

Russell G. Fessenden
Robert H. Stevenson
James Dean
William H. Claflin, Jr.

Finance Committee

Russell G. Fessenden
James Dean
James C. Howe

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*Appointed by the Commonwealth.

Visiting Committee

January	Mr. Stevenson Mr. Allen	July	Mr. Trumbull Mr. Fessenden
February	Mr. Allen Mr. Endicott	August	Mr. Fessenden Mr. Howe
March	Mr. Endicott Mr. Gardner	September	Mr. Howe Mr. Bradford
April	Mr. Gardner Mr. Curtis	October	Mr. Bradford Mr. Dean
May	Mr. Curtis Mr. Saltonstall	November	Mr. Dean Mr. Parker
June	Mr. Saltonstall Mr. Trumbull	December	Mr. Parker Mr. Stevenson

Ladies' Visiting Committee

Mrs. Livingston Davis, *Chairman*
Mrs. Varaztad H. Kazanjian, *Secretary*
Mrs. Richard C. Curtis, *Treasurer*
Mrs. Herbert B. Shaw, *Chairman Entertainment Committee*
Mrs. Trygve Gundersen, *Chairman Nurses' Committee*
Mrs. John I. Wylde, *Chairman Visitors' Committee*
Mrs. Arlie V. Bock
Mrs. John E. Boit
Mrs. Harry P. Cahill
Mrs. Paul Courtney
Mrs. Louis Curtis, Jr.
Miss Emily Davis
Mrs. Alfred W. Douglass
Mrs. Edwin B. Dunphy
Mrs. I. R. Edmands
Mrs. Reginald Foster
Mrs. Robert L. Goodale
Mrs. Harold L. Higgins
Mrs. Francis T. Hunter
Mrs. Laurence Lombard
Miss Grace Madden
Mrs. William W. McCarthy
Mrs. Charles E. Mason
Mrs. Harris P. Mosher
Miss Mary Otis
Mrs. Harold Peabody
Miss Madeline Post
Mrs. Sullivan A. Sargent, Jr.
Mrs. LeRoy A. Schall
Miss Charlotte Sherburne
Mrs. Reginald Smithwick
Mrs. D. Campbell Smyth
Mrs. William B. Snow, Jr.
Mrs. Leslie Soule
Miss Anita Sturgis
Mrs. George L. Tobey, Jr.
Mrs. Frederick H. Verhoeff
Mrs. A. W. Wheelwright

Executive Officers

Director

Nathaniel W. Faxon, M.D.

Assistant to the Director

Annie M. Robertson, R.N.

OFFICERS, 1936

Surgical Board

Consulting Surgeons in Ophthalmology

H. Beckles Chandler, M.D.
Edwin E. Jack, M.D.
Henry H. Haskell, M.D.
Walter B. Lancaster, M.D.
Fred M. Spalding, M.D.
Peter H. Thompson, M.D.
Samuel J. McDonald, M.D.
Allen Greenwood, M.D.
W. Holbrook Lowell, M.D.

Consulting Chief of Ophthalmology

Frederick H. Verhoeff, M.D.

Consulting Surgeons in Otology and Laryngology

Frederick L. Jack, M.D.
Francis P. Emerson, M.D.
Algernon Coolidge, M.D.
J. Payson Clark, M.D.
Frederic C. Cobb, M.D.
Joseph L. Goodale, M.D.
George L. Tobey, Jr., M.D.
Philip Hammond, M.D.
D. Harold Walker, M.D.
Calvin B. Faunce, M.D.
Frederick E. Garland, M.D.
Frederick L. Bogan, M.D.

Chief of Ophthalmology

J. Herbert Waite, M.D.

Chief of Otology and Laryngology

Harris P. Mosher, M.D.

Surgeons in Ophthalmology

Edward K. Ellis, M.D.
Hugo B. C. Riemer, M.D.
J. Herbert Waite, M.D.
Edwin B. Goodall, M.D.
Edwin B. Dunphy, M.D.
Benjamin Sachs, M.D.
Paul Chandler, M.D.

Surgeons in Oto-Laryngology

Harry P. Cahill, M.D.
George H. Poirier, M.D.
Edwards W. Herman, M.D.
Harold G. Tobey, M.D.
Charles T. Porter, M.D.
Philip E. Meltzer, M.D.
LeRoy A. Schall, M.D.
William I. Wiggin, M.D.

Surgeon for Plastic Operations

Varaztad H. Kazanjian, M.D., D.M.D.

Associates in Laryngology in Teaching

Joseph L. Goodale, M.D.
Charles D. Knowlton, M.D.
Harry A. Barnes, M.D.
Frederick E. Garland, M.D.
Frederick L. Bogan, M.D.

Associate Surgeons in Ophthalmology

John G. Jennings, M.D.
Ralph H. Ruggles, M.D.
Fred S. Thorne, M.D.
Samuel H. Wilkins, M.D.

Assistant Surgeons in Ophthalmology

William P. Beetham, M.D.
Virgil G. Casten, M.D.
Trygve Gundersen, M.D.
Merrill J. King, M.D.
Theodore L. Terry, M.D.

Assistant Surgeons in Oto-Laryngology

Maurice G. Evans, M.D.
G. Bernard Fred, M.D.
Robert L. Goodale, M.D.
Margaret N. Kleinert, M.D.
Moses H. Lurie, M.D.
Philip Mysel, M.D.
Josiah E. Quincy, M.D.
Joseph M. Scanlon, M.D.
Francis L. Weille, M.D.
Leon E. White, M.D.

Clinical Assistants in Ophthalmology

David G. Cogan, M.D.
Z. William Colson, M.D.
Hugh C. Donahue, M.D.
Honoré E. Gaudreau, M.D.
Meyer M. Gilbert, M.D.
Herman P. Grossman, M.D.
Paul G. Haire, M.D.
Juanita P. Johns, M.D.
Brendan D. Leahey, M.D.
Thomas H. Macdonald, M.D.
Harry K. Messenger, Ph.D., M.D
Frederick H. Salls, M.D.
Raymond C. Whitney, M.D.

Clinical Assistants in Oto-Laryngology

Charles H. Allman, M.D.
Walter J. E. Carroll, M.D.
Samuel Cline, M.D.
John R. Frazee, M.D.
Elmer H. Gillespie, M.D.
Edgar M. Holmes, M.D.
Charles I. Johnson, M.D.
Vincent J. Kelley, M.D.
Burton E. Lovesey, M.D.
Donald H. Macdonald, M.D.
Werner Mueller, M.D.
John R. Richardson, M.D.
Joseph Lentine, M.D.

Consulting Pathologist

Tracy B. Mallory, M.D.

Pathologist

Theodore L. Terry, M.D.

Roentgenologist

A. S. Macmillan, M.D.

Dentist

George H. Wright, D.M.D.

Assistant Anesthetist

Russell F. Sheldon, M.D.

OFFICERS, 1936

HOWE LABORATORY OF OPHTHALMOLOGY

Director

FREDERICK H. VERHOEFF, M.D.

CLYDE E. KEELER, S.D.	HARRY K. MESSENGER, Ph.D., M.D.
MERRILL J. KING, M.D.	EUGENE F. McCARTHY, M.A.
TRYGVE GUNDERSEN, M.D.	ELEK LUDVIGH, Ph.D.

CONSULTANTS

Consulting Physicians

JAMES H. MEANS, M.D.	WYMAN RICHARDSON, M.D.
GERALD BLAKE, M.D.	DWIGHT L. SISCOE, M.D.
ARLIE V. BOCK, M.D.	FULLER ALBRIGHT, M.D.
CHESTER M. JONES, M.D.	WILLIAM A. BISHOP, M.D.
FRANCIS M. RACKEMANN, M.D.	MAURICE FREMONT-SMITH, M.D.
WILLIAM B. ROBBINS, M.D.	MARGARET V. GROGAN, M.D.
WILLIAM D. SMITH, M.D.	B. THURBER GUILD, M.D.
PAUL D. WHITE, M.D.	JAMES HITCHCOCK, M.D.
F. DENNETTE ADAMS, M.D.	FRANCIS T. HUNTER, M.D.
GERARDO M. BALBONI, M.D.	HOWARD B. JACKSON, M.D.
WALTER BAUER, M.D.	DONALD S. KING, M.D.
WILLIAM B. BREED, M.D.	HOWARD B. SPRAGUE, M.D.
ROGER P. DAWSON, M.D.	ROY R. WHEELER, M.D.
BENJAMIN H. RAGLE, M.D.	LOUIS WOLFF, M.D.

JAMES H. TOWNSEND, M.D.

Consulting Dermatologists

C. GUY LANE, M.D.	ARTHUR M. GREENWOOD, M.D.
LORETTA J. CUMMINS, M.D.	JACOB H. SWARTZ, M.D.

AUSTIN W. CHEEVER, M.D.

Consulting Neurologists

JAMES B. AYER, M.D.	CHARLES A. McDONALD, M.D.
GEORGE CLYMER, M.D.	HARRY C. SOLOMON, M.D.
G. COLKET CANER, M.D.	HENRY R. VIETS, M.D.

Consulting Psychiatrists

STANLEY COBB, M.D.	KENNETH J. TILLOTSON, M.D.

NIELS ANTHONISEN, M.D.

Consulting Pediatricians

Harold L. Higgins, M.D.
Joseph Garland, M.D.
J. Herbert Young, M.D.
Richard S. Eustis, M.D.
Edward S. O'Keefe, M.D.
Eli C. Romberg, M.D.
Solomon H. Rubin, M.D.
Richard S. Tefft, Jr., M.D.
Oliver E. Bixby, M.D.
Arthur Bates Lyon, M.D.

Consulting Surgeons

Edward D. Churchill, M.D.
Arthur W. Allen, M.D.
Channing C. Simmons, M.D.
W. Jason Mixter, M.D.
Wyman Whittemore, M.D.
George A. Leland, Jr., M.D.
Richard H. Miller, M.D.
Varaztad H. Kazanjian, M.D.
John S. Hodgson, M.D.
Leland S. McKittrick, M.D.
Edward L. Young, Jr., M.D.
James C. White, M.D.
Ernest M. Daland, M.D.
Torr W. Harmer, M.D.
E. Parker Hayden, M.D.
Henry C. Marble, M.D.
Joe Vincent Meigs, M.D.
André W. Reggio, M.D.
Horace K. Sowles, M.D.
Franklin G. Balch, Jr., M.D.
Henry H. Faxon, M.D.
Horatio Rogers, M.D.
Reginald H. Smithwick, M.D.
Grantley W. Taylor, M.D.
Robert R. Linton, M.D.
Richard H. Sweet, M.D.

Consulting Orthopedists

Marius N. Smith-Petersen, M.D.
Armin Klein, M.D.
William A. Rogers, M.D.
George W. VanGorder, M.D.
Edwin F. Cave, M.D.
Joseph S. Barr, M.D.
Sumner M. Roberts, M.D.

Consulting Urologists

J. Dellinger Barney, M.D.
George Gilbert Smith, M.D.
Harvard H. Crabtree, M.D.
Fletcher H. Colby, M.D.
Oscar F. Cox, M.D.
Prodromos N. Papas, M.D.
Alpha R. Sawyer, M.D.
Russell L. Splaine, M.D.
Channing S. Swan, M.D.
Bryant Wetherell, M.D.
Benedict F. Boland, M.D.
Richard Chute, M.D.
Sylvester B. Kelley, M.D.
E. Ross Mintz, M.D.
Murray L. Weinger, M.D.
Robert L. Cook, M.D.

Consulting Pathologist

Harry F. Hartwell, M.D.

Consulting Bacteriologist

Louis Dienes, M.D.

OFFICERS, 1935

Consulting Roentgenologists

George W. Holmes, M.D.	James R. Lingley, M.D.
Aubrey O. Hampton, M.D.	Richard Schatzki, M.D.

Consultant in Contagious Diseases

Edwin H. Place, M.D.

Advisory Committee

Social Service Department

Mr. Russell G. Fessenden	Dr. Harris P. Mosher
Mr. William C. Endicott	Dr. J. Herbert Waite

Mrs. William B. Snow

House Staff

Internes in Ophthalmology

F. Raymond Price, M.D.	Alan R. Anthony, M.D.
Mahlon T. Easton, M.D.	Donald E. Moore, M.D.
Harry W. Woodruff, M.D.	Roland J. Viger, M.D.

Lorand V. Johnson, M.D.

Internes in Oto-Laryngology

Joseph Lentine, M.D.	Edwin R. Irgens, M.D.
Paul S. Mertins, M.D.	Ralph L. Hawkins, M.D.
Mercer G. Lynch, M.D.	Lester A. Brown, M.D.

Lyman H. Heine, M.D.

Executive Assistants

Helen McCaskill, R.N.	Ruth M. Hutchinson, R.N.

Walborg L. Peterson, R.N.

Superintendent of Nurses

Sally Johnson, R.N.

Assistant Superintendent of Nurses

Dorothy M. Tarbox, R.N.

Chief Social Worker

Amy G. Smith

BRIEF HISTORY OF THE MASSACHUSETTS EYE AND EAR INFIRMARY

The Massachusetts Eye and Ear Infirmary had its inception in the latter part of 1824 when Dr. Edward Reynolds and Dr. John Jeffries established a free clinic for the treatment of the eye in a small room in the Scollay Building situated in what is now the center of Scollay Square. It is the second oldest institution of its kind in the United States, the New York Eye and Ear Infirmary having been founded in 1820.

In the first sixteen months nearly 900 patients were treated, and so successful was the undertaking that in March, 1826, with the aid of friends, a public subscription was started and the Boston Eye Infirmary was formed. In 1827 it was formally incorporated as the Massachusetts Charitable Eye and Ear Infirmary (changed to the Massachusetts Eye and Ear Infirmary in 1924) and shortly moved to larger quarters at the corner of Court and Tremont Streets. The Infirmary was open from 12 to 1 o'clock for gratuitous treatment of the eye and ear. In 1827 there were reported 583 cases of eye diseases and 98 of ear diseases. The receipts were $473.62 and the expenses $333.62.

By 1836 the Infirmary was so well known that one-third of the patients came from outside of Boston and 153 towns and cities were represented. Owing to the increase in the number of patients, the Infirmary was removed in 1836 to the Salisbury Building on Summer Street, and three years later the Gore mansion on Green Street near Bowdoin Square was purchased. To enable the Infirmary to do this, the Commonwealth gave $5,000 and an additional grant of $2,000 a year, for five years. Here for the first time ward patients could be accommodated to the number of twenty. Previously they had been placed in boarding houses in the neighborhood. Facilities were provided for a school of observation, as it was called, for medical students and Dr. Jeffries gave a course of lectures at the Infirmary which was followed by lectures for six successive years by Dr. Reynolds at the Tremont Medical School. Daily clinics for students were held.

By 1849 the Gore mansion had become too small to take care of the increasing number of patients, in that year 2,000. With the aid of a generous grant from the Commonwealth and funds raised by subscriptions, property on Charles Street near Cambridge Street was purchased and a new Infirmary built and dedicated in 1850. Later a wing was added. In 1871 the Ear Department was organized and by 1876 the patients in that department numbered 2,250.

The first Charles Street building, which had housed the Infirmary for over fifty years, proved inadequate, and the Out-Patient Department was much over-crowded, with an average weekly attendance of 1,200. With the aid of a grant from the Commonwealth of $100,000, the present site was purchased and the building was completed in March, 1899. Social Service was instituted in 1907. The Gardner Building for the treatment of contagious diseases of the eye was added shortly and in 1909 a separate building was built for the Pathological Laboratory. In the same year a Nurses' Home was built on the site of the old Infirmary, to house 94 people, and later the space formerly occupied by nurses in the Infirmary was changed into a private ward. A school for graduate and affiliated nurses which gives special training in the care of diseases of the eye, ear, nose and throat is maintained.

In the year 1922 the Laryngological Department of the Massachusetts General Hospital was granted the use of beds in the Infirmary and became a department of that institution as far as its house work was concerned.

In 1925 the surgeons of the Aural and Laryngological departments appear in one group as Oto-Laryngologists.

January 1st, 1928, the Laryngological Out-Patient Department of the Massachusetts General Hospital was taken over by the Infirmary and the relations of the Aural Department with the Laryngological Department became very close. At the same time the Out-Patient Department, though still operated by the Infirmary, was joined with that of the Massachusetts General Hospital in the new building built by the latter.

Part of the space formerly occupied by the Out-Patient Department was taken for the Howe Laboratory of Ophthalmology. This was made possible through the generosity of the late Dr. Lucien Howe, who gave $250,000 towards a fund of $500,000 given to Harvard College, the income to be used for research work. The balance of the space was given over to the Research Laboratory of the Ear, Nose and Throat Department, the X-Ray Department and the Howe Library.

Last year the Infirmary took care of 5,665 people in the public wards, 1,608 in the private wards and there were 99,680 visits to the Out-Patient Department. The active staff numbers 62 and there are 205 paid employees.

REPORT OF THE PRESIDENT

On behalf of the Board of Managers of the Massachusetts Eye and Ear Infirmary, I beg to present to the Corporation the One Hundred and Tenth Annual Report being for the year 1935.

As will be seen from the Director's financial statement, total maintenance expenses increased from $407,921.87 in 1934 to $431,086.81 last year. About one-third of this increase was in salaries, largely the need of more special nurses, and the completion of the program for the improvement of the Vision Room which is now working very satisfactorily. The higher cost of supplies accounted for the other two-thirds. The per capita cost of food for all persons per diem increased from forty cents plus to forty-three cents plus. Fortunately, receipts at the Infirmary were slightly larger and the amount needed for Extraordinary Expenses — other than usual maintenance — was much less than last year. With the generous support of our old contributors and the designations of the Infirmary by many in the Emergency Campaign, together with careful management, we were able to meet our expenses with a few hundred dollars to spare. I am afraid that the year 1936 will show a different result as expenses undoubtedly will increase and, though the buildings have been kept in good physical condition, there are certain rearrangements that should be made which will be expensive. Even without these our budget shows a large deficit which we hope will be taken up by the Community Federation.

The number of patients did not vary very much from the previous year. There was a slight increase in the number of patients and patient days. Visits to the Out-Patient Department were about the same but a sufficiently large number to handle, 99,680. The number of free patients in the Public Wards was slightly larger and the average payment slightly less. Patients pay what they can, from nothing to full rates.

The appended reports which are very interesting and deserve careful reading show that all the activities of the Infirmary have been maintained at an increasing rate of efficiency. There are further improvements which are quite urgent for which at present the funds are not available. The Managers are very grateful to the members of the Ladies' Visiting Committee whose unselfish work has contributed so much to the comfort of the patients.

It is interesting to note in Miss Smith's report the great decrease in the last ten years in cases of phlyctenular keratitis and ophthalmia neonatorum, which is undoubtedly due to preventive and educational measures. The former is due to tubercular condition of the patient and the latter formerly, in most cases, caused blindness in infants.

Dr. W. Holbrook Lowell, on account of age limit, retired from the active Staff and became a member of the Board of Consulting Surgeons. Doctor Lowell has been connected with the Infirmary since 1902, during all of which time he has rendered loyal and efficient service.

During the year Dr. D. Campbell Smyth, who had been a valued member of the Staff since 1913, died. Dr. Frederick L. Bogan and Dr. Frederick E. Garland, the former a member of the Staff since 1909 and the latter since 1920, resigned, but the Managers are very glad that they both continue their connection with the Infirmary as Associates in Laryngology in Teaching, and also as Consulting Surgeons. We were very fortunate in obtaining the services of Dr. Nathaniel W. Faxon as Director in place of Doctor Bigelow. Doctor Faxon held a similar position at the Strong Memorial Hospital for the last thirteen years. Mr. William A. Parker was elected a member of the Board of Managers to fill a vacancy.

The Managers gratefully acknowledge bequests received during the year from the estates of Patrick H. McCrossan, Mary A. Willson, Lucy H. Eaton and Lucy Newcomb, and also a gift from the Trustees under the Will of Albert N. Parlin.

The continually increasing efficiency and broadening activities and service of the Infirmary are mainly due to the unselfish and loyal service of the Staff and employees to whom the Managers are deeply grateful.

R. G. Fessenden,
President.

REPORT OF THE TREASURER

STATEMENT OF INCOME—RECEIPTS AND DISBURSEMENTS

for the year ending December 31, 1935

HOSPITAL RECEIPTS:				
As per Director's Financial Statement (page 28)				$337,839.42
LESS:				
HOSPITAL OPERATING DISBURSEMENTS—as per Director's Financial Statement (page 28)				
General		$415,189.60		
Social Service		15,897.21	$431,086.81	
TREASURER'S DISBURSEMENTS:				
Auditing, Bookkeeping and Custody of Securities		$ 1,650.00		
Insurance		848.02		
Miscellaneous		2,755.99	5,254.01	
TOTAL ORDINARY DISBURSEMENTS				436,340.82
EXCESS OF ORDINARY DISBURSEMENTS OVER HOSPITAL RECEIPTS				$ 98,501.40
DEDUCT:				
OTHER INCOME RECEIPTS:				
Total Income from Investment Securities		$73,386.40		
LESS:				
One-half Income from Weber Fund—added to Principal	$121.68			
Income from Fund for Maintenance of Gardner Building — added to Principal	639.09			
Balance of Income accrued to Aural Surgeons' Fund—not expended—added to Principal	1.37			
Income from George Strong Derby Memorial Fund—unexpended	398.60	1,160.74	$ 72,225.66	

*Contributions for General Purposes		$1,284.25	
Miscellaneous Income:			
From the Committee of the Permanent Charity Fund, Inc....	$ 2,250.00		
From the Estate of E. V. Ashton	2,000.00		
From the Estate of Charles G. Greene	250.74		
The Emergency Campaign of 1934	924.40		
The Emergency Campaign of 1935	18,150.00		
Transfers from Special Purpose Funds	4,732.53		
Transfer from unexpended restricted income — Theodore Chase Fund	45.37	28,353.04	101,862.95

Excess of Income Receipts over Ordinary Disbursements—for the Year Ending December 31, 1935...............		$ 3,361.55
Deduct:		
Extraordinary Disbursements:		
New Floor in Employees' Dining Room......	$ 528.87	
New X-Ray Equipment.....................	1,524.91	
Cleaner's Closet in Basement................	445.84	2,499.62
Balance—Excess of Income Receipts over Total Disbursements—for the Year Ending December 31, 1935.......		$ 861,93

JAMES DEAN,
Treasurer.

Patterson, Teele and Dennis,
Auditors.

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*There were also contributions for various special purposes amounting to $6,522.26 (including $2,346.66 for Social Service), which have been added to principal of Special Purpose Funds.

MASSACHUSETTS EYE AND EAR INFIRMARY

INVESTMENT SECURITIES

December 31, 1935

BONDS	
$35,000	U. S. Treasury Notes, 3¼%, August 1, 1936
36,000	U. S. Treasury Notes, 2½%, September 15, 1938
5,000	U. S. Treasury Notes, 2⅛%, June 15, 1939
25,000	U. S. Treasury Notes, 1½%, June 15, 1940
10,000	U. S. Treasury Bonds, 3¼%, August 1, 1941
62,000	U. S. Treasury Bonds, 3¼%, October 15, 1945
20,000	U. S. Treasury Bonds, 2¾%, September 15, 1947
10,000	U. S. Treasury Bonds, 3%, June 15, 1948
7,000	U. S. Treasury Bonds, 2⅞%, March 15, 1960
20,000	Albany & Susquehanna Railroad registered 3½s 1946
15,000	American Telephone & Telegraph Company 5½s 1943
9,000	Appalachian Power Company 1st 5s 1941
20,000	Atchison, Topeka & Santa Fe Railway Co. General 4s 1995
10,000	Belgium, Kingdom of, 6½s 1949
15,000	Blackstone Valley Gas & Electric Company 4s 1965
10,000	Boston & Albany Railroad 4½s 1943
10,000	Boston Terminal Company registered 3½s 1947
14,000	Boston & Maine Railroad Series "V" 5s 1942
1,000	Boston & Maine Railroad Series "Z" 5s 1943
9,000	Boston & Maine Railroad Series "AA" 5s 1944
1,000	Boston & Maine Railroad Series "DD" 5s 1945
3,000	Bush Terminal Buildings Company 1st 5s 1960
10,000	Butte Electric & Power Company 1st 5s 1951
10,000	California Gas & Electric Co. Unif. & Ref. 5s 1937
25,000	Canadian Pacific Railway Company Equipment Trust 5s 1944
15,000	Chesapeake Corporation Convertible Collateral Trust 5s 1944
10,000	Chesapeake & Ohio Railway Company General 4½s 1992
2,000	Chicago, Burlington & Quincy Railroad, Ill. Div. 3½s 1949
1,000	Chicago, Burlington & Quincy Railroad, Ill. Div. 4s 1949
20,000	Chicago, Burlington & Quincy Railroad 1st & Ref. 4½s 1977
8,500	Chicago City Railway Company 1st 5s 1927 (C/D)
25,000	Chicago Junction Railways & Union Stock Yards 4s 1940
1,000	Chicago Junction Railways & Union Stock Yards 5s 1940
25,000	Chicago & Northwestern Railway Company 4¾s 1949
15,000	Chicago & Western Indiana Railroad 1st & Ref. 5½s 1962
20,000	Cincinnati Union Terminal Company 5s 1957
15,000	Connecticut River Power Company 5s 1952
25,000	Edison Electric Illuminating Co. of Boston 5s 1936
20,000	Florida Power & Light Company 1st 5s 1954
25,000	General Motors Acceptance Corporation Note, January 14, 1936
25,000	General Motors Acceptance Corporation Note, February 4, 1936
10,000	Georgia Power Company 1st & Refunding 5s 1967
20,000	Hudson & Manhattan Railroad Company 1st 5s 1957
20,000	Illinois Power & Light Company 1st & Refunding 5s 1956
20,000	Illinois Steel Company debenture 4½s 1940
15,000	Jacksonville Terminal Company Ref. & Ext. 5s 1967

15,000	Lake Shore & Michigan Southern Railway Company registered 3½s 1997
10,000	Long Island Railroad Company refunding 4s 1949
20,000	Long Island Railroad Company Unified 4s 1949
20,000	Los Angeles Gas & Electric Corporation 1st & General 4s 1970
7,000	Louisville & Jeffersonville Bridge Company 4s 1945
6,700	Massachusetts Hospital Life Insurance Company annuity
10,000	Memphis Power & Light Company 1st refunding 5s 1948
10,000	Michigan Central Railroad Company 1st 3½s 1952
6,000	Middlesex, County of, 4¼s 1936
10,000	Mississippi River Power Company 1st 5s 1951
20,000	Missouri Pacific Railroad Company 1st & Refunding 5s 1977 (C/D)
15,000	National Steel Corporation 1st 4s 1965
10,000	Newton, City of, registered 4¼s 1937
10,000	Newton, City of, registered 4¼s 1938
10,000	Newton, City of, registered 4¼s 1939
4,000	Newton, City of, registered 4¼s 1940
2,000	Newton, City of, registered 4¼s 1941
10,000	New Orleans Public Service, Inc. 1st & Ref. 5s 1952
10,000	New Orleans Public Service, Inc. 1st & Ref. 5s 1955
15,000	New York Central & Hudson River R. R., Michigan Central 3½s 1998
4,000	New York, New Haven & Hartford Railroad 3½s 1947
25,000	New York, New Haven & Hartford Railroad Conv. Deb. 6s 1948
15,000	Northern Pacific Railway Company, General Lien & Land Grant 3s 2047
20,000	Norway, Kingdom of, External 5½s 1965
20,000	Pacific Gas & Electric Company General & Refunding 5s 1942
35,000	Pennsylvania Power & Light Company 1st 4½s 1981
10,000	Pennsylvania Glass Sand Corporation 4½s 1960
15,000	Pennsylvania Railroad 4¼s 1981
15,000	Rochester Gas & Electric Corporation 5s 1962
10,000	St. Johnsbury & Lake Champlain Railroad Company 1st 5s 1944
10,000	St. Paul Union Depot Company 1st Refunding 5s 1972
20,000	Safe Harbor Water Power Corporation 4½s 1979
20,000	Shawinigan Water & Power Company 1st & Collateral Trust 5s 1970
20,000	Shell Union Oil Corporation Debenture 5s 1947
20,000	Socony-Vacuum Oil Company Debenture 3½s 1950
10,000	Southern Bell Telephone & Telegraph Company 1st 5s 1941
20,000	Southern Pacific Company 4½s 1969
10,000	Toronto, City of, 5s 1938
35,000	Union Electric Light & Power Company 5s 1957
20,000	Utah Power & Light Company 1st 5s 1944
15,000	Virginia Electric & Power Company 1st & Refunding 4s 1955
15,000	Washington Water Power Company 1st & General 5s 1960
20,000	Western Massachusetts Companies 4s 1939
10,000	Western Union Telegraph Company 5s 1960

MORTGAGE NOTE

One-fourth interest in $2,240 Mortgage Note of C. B. Heckman due May 22, 1940 on property at 65 Natasco Avenue, Hull, Massachusetts

STOCKS

250 shares Algonquin Printing Company
100 shares American Can Company, common
100 shares American Smelting & Refining Company, 6% 2nd preferred
150 shares American Sugar Refining Company, preferred
400 shares American Telephone & Telegraph Company
204 shares Atchison, Topeka & Santa Fe Railway Company, common
200 shares Borden Company, common
100 shares Boston Real Estate Trust
16 shares Boston & Maine Railroad Company, 1st preferred "A"
32 shares Boston & Maine Railroad Company, 6% preferred
100 shares Chicago Junction Railways & Union Stock Yards Company, preferred
200 shares Cleveland Electric Illuminating Company, $4.50 preferred
200 shares Consolidated Gas Company of New York, common
200 shares Consolidated Gas Company of New York, $5.00 preferred
25 shares Dwelling House Associates
100 shares Edison Electric Illuminating Company of Boston
100 shares Electric Bond & Share Company, preferred
12 shares Fall River Laundry Company
218 shares First National Bank of Boston
500 shares General Electric Company, common
100 shares Ludlow Manufacturing Associates
200 shares National Biscuit Company, common
188 shares National Shawmut Bank of Boston
200 shares New York Central Railroad Company
200 shares Pennsylvania Railroad Company
200 shares Procter & Gamble Company, common
100 shares Public Service Corporation of New Jersey, $5.00 preferred
200 shares Southern Railway Company, preferred
200 shares Standard Oil Company of New Jersey
90 shares Stevens Manufacturing Company, preferred
180 shares Tacoma Railway & Power Company
100 shares Union Pacific Railroad Company, common
200 shares United Fruit Company
100 shares United States Steel Corporation, common
300 shares United States Steel Corporation, preferred

Securities Held for Weber Fund

BONDS

$1,000 U. S. Treasury Notes, 2½%, September 15, 1938
5,000 U. S. Treasury Notes, 1½%, March 15, 1939
500 U. S. Treasury Bonds, 3¼%, October 15, 1945
500 U. S. Treasury Bonds, 2⅞%, March 15, 1960

The Managers gratefully acknowledge receipt of the following legacies during the year 1935:

Estate of Patrick H. McCrossan	$ 25.00
Estate of Elizabeth R. Stevens	113.81*
Estate of Mary A. Willson	3,000.00
Estate of Lucy Newcomb	476.25
Estate of Albert N. Parlin	25,000.00
Estate of Lucy H. Eaton	4,000.00
Gift from Paul Wilde Jackson Trust	25,500.00*

*These amounts have been added to the Permanent Funds, Income for General Purposes.

RESTRICTED FUNDS

December 31, 1935

1850	Bequest under will of John Bromfield	$10,000.00
1871	Bequest under will of Nabby Joy	10,000.00
1876	Bequest under will of Susan T. Gray	1,000.00
1882	Berkshire Fund	5,000.00
1882	Nathaniel Thayer Fund	54,570.00
1887	Bequest under will of Richard Perkins	10,000.00
1889	Bequest under will of Elisha T. Loring	3,500.00
1892	Bequest under will of J. Huntington Wolcott	1,500.00
1895	Bequest under will of Samuel E. Sawyer	2,382.20
1896/7	Ann White Vose Fund	18,591.54
1898	Bequest under will of Henry L. Pierce	20,000.00
1898	John W. and Belinda L. Randall Fund	30,000.00
1898	Weber Fund	8,285.79
1899	Theodore Chase Memorial Fund	2,500.00
1901	Aural Surgeons Fund	15,923.12
1901	Bequest under will of Henry Saltonstall	10,000.00
1907	Adelaid Lecompte Spalding Fund	25,000.00
1909	Bequest under will of Frederick R. Sears	20,000.00
1912	Julia M. Moseley Fund	6,190.47
1912	The Fund for Maintenance of Gardner Building	16,752.52
1912	Social Service Fund	5,000.00
1914/15	Bequest under will of William S. Hills	10,000.00
1915	Bequest under will of Harriett Otis Cruft	10,000.00
1921	Bequest under will of Clara B. Kimball	1,050.00

1921	Bequest under will of Charles Frederick Smith	8,663.00
1923	Charles B. R. Hazeltine Fund	10,000.00
1923	Harriet S. Hazeltine Fund	3,000.00
1923	Bequest under will of William F. Watson	6,000.00
1924	Bequest under will of Joseph B. Glover	28,650.00
1924	Bequest under will of Anna P. Rogers	10,000.00
1927	Alice Lee Thomas Stevenson Fund	10,000.00
1927	Charles C. Ely Fund	5,000.00
1927	Dr. E. H. Bradford Fund	1,000.00
1927	Levina B. Urbino Fund	500.00
1927	Walter C. Lewis Fund	25,000.00
1928	Mary Lowell Stone Fund	2,450.00
1931/2	George C. Pierce Fund	34,251.95
1931/5	Bequest under will of Elizabeth R. Stevens	538,540.37
1932/3	George Strong Derby Memorial Fund	10,050.10
1934	Hannah H. Kimball Fund	1,000.00
1935	Henry Clay Jackson Fund	25,500.00

REPORT OF THE LADIES' VISITING COMMITTEE

In the year 1935 we have suffered a great loss in the death of one of our most beloved and faithful members, Mrs. John Lawrence. She has been a member of the board for many years and will be greatly missed by all who knew her.

The members of our committee have continued their usual activities in the Wards, reading aloud, writing letters and in general trying to amuse and interest the patients. In addition we have built the bridge between the House Officers' quarters and the Infirmary which we understand has been a great help. We supplied thirty-nine (39) bed curtains for the Wards, several wing chairs and small tables for the Nurses' Home sitting room, so we feel that we have accomplished something towards the comfort of the hospital.

The October meeting was held at the Nurses' Home followed by an informal tea where we had the pleasure of meeting Dr. Faxon.

In the autumn we held our annual Rummage Sale. Mr. Louis Joseph very kindly lent us his auction rooms and the sale netted approximately $1,130.00.

Many generous gifts were made by individual members of the Committee and these gifts are greatly appreciated.

The Thanksgiving Day and Christmas Day trays were arranged very attractively by Miss Wade and the Christmas tree for the yard was again supplied by one of our members. I feel that all the members have taken a very active interest in the hospital in the past year. This is largely due to the spirit of coöperation, which has been most inspiring, shown the Committee by Miss Robertson and Miss Tarbox.

To continue to assist in the splendid work done by Miss Smith through the Social Service Department and in helping

Miss Wade in the Occupational Therapy Department; to work with these and all the members of the Staff has been a great pleasure and privilege.

Georgia Appleton Davis,

Chairman Ladies' Visiting Committee.

REPORT OF THE DIRECTOR

To the Managers:

Gentlemen: I have the honor to submit this, the annual report of the Director, to be incorporated in the One Hundred and Tenth Annual Report of the Massachusetts Eye and Ear Infirmary.

The Infirmary has been fortunate in having Miss Annie M. Robertson, as Assistant Director. With quiet demeanor and able management she has guided it smoothly through this trying year. Dr. George H. Bigelow who became Director in February, 1934, disappeared on December 3, 1934. His body was found on March 23 and a memorial service was held in the Harvard Chapel on May 12, 1935. Dr. Bigelow's Directorship was of short duration but during these few months his strong personality, friendliness and ability made a deep impression and his tragic death was felt as a personal loss by all.

Dr. Norman C. Baker was appointed as Temporary Director and carried on ably and well until Dr. N. W. Faxon, formerly Director of the Strong Memorial Hospital of Rochester, New York, assumed the Directorship on July 1, 1935.

An annual report must somewhere chronicle the events of the past year and although sometimes such chronicles in a Director's report make uninteresting reading they should be endured for their value to the historian of the years to come.

The statistical tables which follow show a slight increase (124) in the number of patients. Salaries and supplies and extraordinary expenses exceeded similar items for last year by $11,885. Receipts also increased but only by $4,373. so that the deficit this year was $7,512. greater than for 1934. Extraordinary expenses included the laying of a new floor in the Helps' dining room, a new cleaners' closet in the basement and new X-ray equipment in the rooms remodelled for this department last year.

Through the kindness of the Ladies' Visiting Committee a bridge was constructed from the House Officers' Flat to the third floor of the hospital, a convenience much appreciated by the House Staff. Cubicle curtains in three wards were also provided. I report the continued interest of the Needlework Guild and express gratitude for their substantial contribution in the making of gowns, rompers and other sewing room supplies.

We are sorry to record the death on August 4 of Mrs. John Lawrence, Vice Chairman of the Ladies' Visiting Committee and a member since 1926.

The hospital suffered a great loss in the death on June 11 of Dr. D. Campbell Smyth. Dr. Smyth began his connection with the Infirmary as a House Officer in 1910 and was advanced through the various positions to that of Surgeon in Oto-Laryngology in 1929.

During the year Dr. W. Holbrook Lowell resigned, having given, as a member of the Ophthalmological Service since 1902, 33 years of service to the Infirmary. He was appointed Consulting Surgeon in Ophthalmology.

Mrs. Howe's continued interest in the Howe Library was shown by her presenting, suitably framed, an interesting series of commissions in the United States Army issued to Colonel Marshall S. Howe and Captain Albion Howe signed by seven different presidents.

Not only should one chronicle past events but one should also look forward into the future.

1. Although the general physical condition of the Infirmary is good, the scattering of operating rooms in four different parts of the building is inefficient and undesirable. A consolidation and modernizing of operating facilities is greatly needed even though it will cause a considerable amount of change and readjustment of wards and rooms.

2. Long hours on duty, uncertain schedules, inability to get away from the Infirmary make it desirable that some form of

recreational and athletic facilities, such as squash courts available during the winter months, be provided for the House Staff.

3. The cancellation of affiliations by many Nursing Schools will necessitate the employment of additional graduate nurses to fill these places. Consequently additional endowment for free beds and the free care of deserving patients is needed more than ever.

Nathaniel W. Faxon, M.D.,
Director.

DIRECTOR'S FINANCIAL STATEMENT

JANUARY 1, 1935 TO JANUARY 1, 1936

OPERATING EXPENSES	1935	1934
SALARIES AND WAGES		
Administration, Officers and Clerks	$27,357.90	$28,161.36
Telephone Operators	1,427.38	1.282.97
Physicians and Surgeons	6,254.00	5,795.66
Superintendent of Nurses, Assistants and Instructors	3,773.14	3,844.58
Nurses	40,396.72	39,656.63
Post Graduate Nurses	544.46	549.45
Pupil Nurses	255.51	420.99
Attendants and Ward Maids	13,692.25	14,216.12
Orderlies	13,234.23	12,535.78
Apothecary	3,256.63	3,205.30
X-Ray Operators and Clerks	7,181.79	7,189.50
Opticians	5,879.94	5,672.94
Refractionists	11,006.33	8,191.51
Messengers, Cleaners and Maids	5,524.67	5,657.97
Housekeeping Wages	14,423.82	14,383.91
Kitchen and Serving Room Wages	15,842.42	14,069.70
Laundry Wages	5,988.71	6,665.04
Laboratories	5,973.04	5,078.90
Social Service	12,065.16	12,200.80
Clinical Records	5,965.60	5,039.17
Maintenance of Buildings	13,773.47	16,120.76
Store	2,052.99	2,030.97
Occupational Therapy Worker and Kindergarten Worker	2,670.61	2,687.24
Miscellaneous	26.92	152.86
Total	$218,567.69	$214,810.11
Special Nurses	24,239.25	20,832.00
Total Salaries and Wages	$242,806.94	$235,642.11

OPERATING EXPENSES	1935	1934
SUPPLIES		
General Administration Expenses	$12,502.94	$13,666.35
Clinical Records	587.31	
Medical and Surgical Supplies	36,208.61	34,334.73
X-Ray Supplies	3,901.17	3,451.09
Optical Supplies	14,542.58	13,273.02
Uniforms and Equipment	599.79	253.24
Housekeeping and Kitchen Supplies	11,794.91	9,094.13
Laundry Supplies	3,098.20	2,302.81
Groceries and Provisions	54,644.31	49,228.97
Expenditures for Patients S. S. Dept.	2,153.15	1,323.95
Maintenance, Property and Power Plant	8,526.67	7,656.95
Gas	1,417.01	1,441.41
Electric Lights, Nurses Home	570.21	598.86
Heat, Light and Power	16,450.54	13,444.89
Fuel, Nurses Home	1,815.96	1,808.00
Water, Hospital Buildings	2,463.01	2,434.38
Water, Nurses Home	442.00	445.16
Carrying Charge for New O. P. D.	14,630.40	14,764.62
Miscellaneous	1,931.10	2,757.20
Total Supplies	$188,279.87	$172,279.76

DIRECTOR'S FINANCIAL STATEMENT (*Continued*)

HOSPITAL RECEIPTS	1935	1934
Board, Private Patients	$52,989.08	$48,969.55
Operating Room Fees, Private Patients	12,125.28	11,427.60
X-Rays, Private Patients	1,627.00	2,089.50
Wassermanns, Private Patients	63.00	67.00
Miscellaneous, Private Patients	172.30	164.55
Board of Ward Patients	88,386.29	90,389.18
Operating Room Fees	16,859.60	16,308.80
X-Rays	14,537.47	15,372.71
Wassermanns	623.65	618.00
Refractions	9,744.31	9,520.25
Optical	61,821.68	60,024.44
Apothecary	15,279.77	14,828.76
Admission Fees Out-Patient Dept.	32,834.03	33,702.79
Throat Room	359.00	340.00
Clinical Records	1,230.53	1,315.46
Miscellaneous	5,189.86	5,151.37
Emergency Ward	1,941.82	1,673.57
Total	$315,784.67	$311,963.53
Special Nurses—Private	19,256.50	17,834.60
Special Nurses—Ward	2,798.25	3,667.45
Total Hospital Receipts	$337,839.42	$333,465.58

SUMMARY, 12 MONTHS	1935	1934
Salaries and Wages	$242,806.94	$235,642.11
Supplies	188,279.87	172,279.76
Total Maintenance Expenses	$431,086.81	$407,921.87
Extraordinary Expenses	2,499.62	13,778.97
Total Hospital Expenses	$433,586.43	$421,700.84
Total Hospital Receipts	337,839.42	333,465.58
Excess of Expenses over Receipts	$95,747.01	$88,235.26

REPORT OF THE DIRECTOR

STATISTICS

JANUARY 1, 1935 TO JANUARY 1, 1936

HOUSE PATIENTS

Number of patients treated in ophthalmic wards		2,181
Number of patients treated in aural wards		572
Number of patients treated in nose and throat wards		2,912
Number of patients treated in private wards:		
Ophthalmic	712	
Aural	110	
Nose and throat	786	1,608
		7,273
Operations		
Public Ward:		
Ophthalmic		2,065
Aural, nose and throat		3,372
Private Ward:		
Ophthalmic		666
Aural, nose and throat		775
Total		6,878
Average number of patients treated daily in Public Wards		119+
Average number of patients treated daily in Private Wards		28+
Average number of days patients remained in hospital		7+
*Number of days board furnished free		18,072
*Number of days board paid at full rate in Public Wards		25,619
Number of days board paid in Private Ward		10,226
		53,917
Per capita cost per week, including special nurses, Public and Private Wards		$41.49—
Per capita cost per week, not including special nurses, Public and Private Wards		38.35—
Per capita cost per day, including special nurses, Public and Private Wards		5.93—

*These figures are obtained by taking the amount of money received for board of patients in public wards and dividing that figure by the full rate of board prevalent at that time. This gives the number of paying patients, reckoned as though they were paying full rates. By subtracting this figure from the total of patients' days we get the number of free days.

Per capita cost per day, not including special nurses, Public and Private Wards	5.48—
Per capita receipts, including special nurses, Public Ward	2.69+
Per capita receipts, not including special nurses, Public Ward	2.63—
Per capita receipts, including special nurses, Private Ward	8.43+
Per capita receipts, not including special nurses, Private Ward	6.55—
Per capita receipts, including special nurses, Public and Private Wards	3.78+
Per capita receipts, not including special nurses, Public and Private Wards	3.37+
Per capita receipts, on board only, Public Ward	2.02+
Per capita receipts, on board only, Private Ward	5.18+
Per capita receipts, on special fees, Public Ward (excluding board and special nurses)	.61—
Per capita receipts, on special fees, Private Ward (excluding board and special nurses)	1.37—
Per capita cost of food all persons	.43+
Number admitted free	822
Number admitted at less than $10.50 per week	674
Number admitted at $10.50 per week	110
Number admitted at $12.00 per week	301
Number admitted at $14.00 per week	17
Number admitted at $15.00 per week	102
Number admitted at $16.00 per week	1
Number admitted at $17.00 per week	1
Number admitted at $18.00 per week	7
Number admitted at $20.00 per week	9
Number admitted at $21.00 per week	3
Number admitted at $24.00 per week	3,543
Number admitted at $28.00 per week	67
Number admitted at $35.00 per week	8
	5,665

Private Patients

Number admitted at $24.00 per week	43
Number admitted at $28.00 per week	1,053
Number admitted at $35.00 per week	29
Number admitted at $42.00 per week	9
Number admitted at $49.00 per week	463
Number admitted at $63.00 per week	11
	1,608

CONDITION OF PUBLIC WARD PATIENTS ON DISCHARGE

Untreated	0
Against advice	14
Died	43
Otherwise Discharged	5,613
Remaining in hospital on December 31, 1935	85
	5,755
Patients in hospital on January 1, 1935	90
Patients' days treatment:	
(Reckoned from discharge rates)	
Paying patients	14,759
Part-paying patients	16,688
Free patients	12,007
Total	43,454
Percentage	
Pay days	34—
Part-pay days	38+
Free days	28—
Beds	231
Occupied	64—%

OUT-PATIENT DEPARTMENT

	New Patients	Revisits	Total New and Revisits
Ophthalmic	10,919	39,179	50,098
Aural	5,463	24,234	29,697
Laryngological	4,129	15,756	19,885
Total	20,511	79,169	99,680

Daily Average	330+
Patients treated in the Emergency Ward	2,811
Percentage of free visits reckoned from total number of free visits Massachusetts General Hospital and Massachusetts Eye and Ear Infirmary combined Out-Patient Department	31%

INVENTORIES

Store-Room Inventory:	*Jan. 1, 1936*	*Jan. 1, 1935*
General Administration	$1,071.31	$1,202.88
Housekeeping and Kitchen	3,872.03	3,205.69
Canned Goods, Groceries, etc.	2,235.14	3,218.65
Medical and Surgical	425.36	730.76
X-Ray Department	294.48	266.09
Maintenance Supplies	387.67	422.58
Optical Department Inventory	8,195.18	9,788.22
Total	$16,481.17	$17,934.87

REPORT OF THE WORK OF THE GARDNER BUILDING

January 1, 1935 to January 1, 1936

During the past year 267 patients were treated in the Gardner Building. Of these 8 were treated for gonorrheal ophthalmia neonatorum and 64 were non-gonorrheal ophthalmia neonatorum. At the time of entrance the cornea was involved in two cases of gonorrheal ophthalmia neonatorum, and were not clear on discharge. At the time of entrance the cornea was involved in two cases of non-gonorrheal ophthalmia neonatorum. The cornea became involved in one case of gonorrheal ophthalmia neonatorum after admission.

There were 7 patients treated for gonorrheal suppurative conjunctivitis and 18 for non-gonorrheal suppurative conjunctivitis. At the time of entrance the cornea was involved in one case of non-gonorrheal suppurative conjunctivitis. At the time of entrance the cornea was involved in two cases of gonorrheal suppurative conjunctivitis and one case was clear on discharge. The cornea became involved in one case of gonorrheal suppurative conjunctivitis and in no cases of non-gonorrheal suppurative conjunctivitis after admission.

There were also 19 patients treated for trachoma.

Twenty-five patients were transferred to Gardner Building with erysipelas and other infectious diseases which manifested themselves in the general wards of the Infirmary. Of the remaining 126, 123 were admitted with infectious diseases and 3 with a question of infectious diseases.

REPORT OF THE NURSING DEPARTMENT

January 1, 1935 to January 1, 1936

Census of the Nursing Personnel:

Assistant to Superintendent of Nurses	1
Supervisor	1
Instructor	1
Night supervisor	1
Assistant night supervisor	1
Operating room supervisor	1
Operating room head nurses	5
Chief nurse anesthetist	1
Assistant nurse anesthetists	2
Ward head nurses	6
Out-Patient Department head nurses	3
Out-Patient Department refraction nurses	2
Assistant head nurses on wards	5
General duty graduates, day and night	15
Post-graduate student nurses	4
Affiliated student nurses	11
Total	60
Attendants	20
Orderlies	15

A review of 1935, as of other years, again brings to our attention the new equipment and furnishings which have been added during the year; several by purchase but many by gifts from the Ladies' Visiting Committee or from individual members of that Committee.

Mrs. Curtis, who is such a good friend to the Nursery, gave that ward an electric refrigerator and a portable victrola. Master Francis Curley presented a radio. The Committee has added bed-side curtains to those that we already have, green ones for the cataract ward, and has presented the nurses' home with three wing chairs and three coffee tables. Mrs. Mosher gave magazines and newspapers for the enjoyment of those who live there. At Christmas time from the Committee came a gift of money for the holiday party. The hospital has added new head nurses' desks for the wards and several excellent books to the nurses' reference library. The nurses themselves, with money earned by a bridge party, have purchased three dozen chairs for use at social functions.

The nursing staff on the whole has remained stable although there have been a few resignations, two resignations from nurses who have been with us a long time. Miss Noonan was in charge of the Private Ear Operating Room for seven years, and Miss Harvey was night supervisor for eleven years. It was a difficult task to fulfill the duties of night supervisor effectively for so long a period of time. We are glad of this opportunity to make record of the fact that Miss Harvey discharged her responsibilities with credit and to say that we are grateful to her for her wise administration.

The number of affiliated students and postgraduate students who have received certificates this year is lower than formerly: a total of sixty-six affiliating students and twenty-seven postgraduate students. Two schools have withdrawn their affiliations: the Peter Bent Brigham Hospital and the Chelsea Memorial Hospital. The New England Deaconess Hospital School increased its number of affiliating students by one.

Today only three schools of nursing are sending students to us for affiliation: the Massachusetts General Hospital, the New England Deaconess Hospital, and the Melrose Hospital. Four years ago eight hospitals were sending students. There are three major reasons for this reduction: the closing of the smaller schools, the reduction in the size of the general hospital schools of nursing, and the more frequent requests by the State Board of Nurse Examiners for hospitals to send more, and in some cases, all their students for affiliation in pediatrics. The reduction in the size of the general hospital school results in a lowered number of students available to care for patients and this reduction has made it necessary to employ graduate nurses. In order that the cost of graduate nurses may not become too great, schools have in some instances withdrawn students from those affiliations that are not required by the State Board of Nurse

Examiners. For the same reasons other schools do not tend to add affiliations. Since the majority of the hospitals have a small number, at least, of patients in the eye, ear, nose and throat group, it is easily understood why an affiliation in this specialty is not requested.

The trends indicated above may bring a further reduction of the number of affiliating students at the Infirmary, with the result that it will be necessary for this institution, also, to increase further the number of graduates employed.

Respectfully submitted,

Sally Johnson, R.N.,
Superintendent of Nurses.

REPORT OF THE MEDICAL-SOCIAL SERVICE DEPARTMENT

It will be interesting to review some of the developments in the work during the past ten years. In 1925 a new worker came to take charge of the Social Service Department. First, the advantages afforded by the combined new Out-Patient Department for broadening the work in terms of services for our patients, cannot be over estimated, especially as the emphasis, more than ever in these past years for the Medical-Social Worker, has been to secure all round adequate medical care for Social Service cases. Difficulties that might attend this are lessened by having the clinics of the General Hospital function with the special Eye and Ear Clinics.

Although the Department has been fortunate to hold eight full time workers through these years, some changes have been necessary in the work. The growth that has come with the years has been taken care of because a falling off in the amount of some previous schedules of work has taken place. In 1926 the number of Phlyctenular Keratitis cases was so large that two workers were necessary, one worker for those cases outside of Boston; one for Boston cases. The Boston Tuberculosis Association had become interested in the Boston cases as a pre-tubercular group of children and undertook financial responsibility toward carrying a worker's salary. When their three year demonstration period was over, they, rightfully, withdrew their assistance. It was then that our present cooperation with the Tuberculosis Division of the Boston Board of Health started. Boston cases were referred to their nurses for following, visits to homes, health instruction to families, some of these already known to the Division. Meanwhile, the Infirmary social worker kept her supervision of the patients. This legitimately placed the responsibility where it could be carried without over burdening the nurses. At the same time the number and severity of Phlyctenular Keratitis cases coming to the Infirmary were decreasing considerably. As the years have gone the number has decreased about one-half. The 5-7 year study of these cases with medical data from the Eye Clinic, the findings of the Children's Medical Clinic of the General Hospital, together with the social data, was completed by Dr. Carvill.

A decrease in the numbers of two other groups of patients has taken place. The babies with Ophthalmia Neonatorum referred to Social Service and requiring intensive case work, have dropped to about one-third of the number in 1926; also the number of Interstitial Keratitis patients has come down to about one-half. The amount of worker's time that was released by these changes enabled the Department to take over other work. The group of adolescent myopias now had the attention we wished to give them. These youths had no regular supervision after they left the sight saving classes, no guidance in their choice of occupation, no vocational training related to the conservation of their eyesight. They were at the mercy of any job they might pick up. It was urgent that someone should make careful selection in this group to determine those patients most in need of steering to an occupation suited to their handicap. Probably in time this work will be appropriately related to the sight saving classes, or carried by a local prevention of blindness movement. At present the social worker at the Infirmary seems the logical person to follow these patients. She sees them as they come to the clinic for their check-up eye examinations and by building up coöperation with the sight saving teachers, she can learn much about these children. Those who are very bright and can take up one kind of an occupation with no detriment to their eyesight, those who are slow or dull, and those whose vision will probably decrease will be guided to a fitting occupation.

A closer following of the patients with cataracts, complicated by diabetes, has come about. This is not a large group at the Infirmary, but it is very important to make the proper connections for the patient in behalf of the diabetic condition. The Diet Kitchen and the close affiliation with the Diabetic

Clinic at the General Hospital, or the contact with the local doctor interested in the patient, are very necessary services.

In 1928 the National Society for the Prevention of Blindness became interested in the problem of blindness from glaucoma. This resulted in a relationship with the Infirmary through which they financed, for a period, a worker who took on the following of glaucoma patients. In that year a beginning was made with 500 patients on the list. No one foresaw to what extent this work would grow. In 1935 there were 1134 patients with glaucoma reporting for treatment in the Eye Clinic. After this experiment had been well started, the National Society for the Prevention of Blindness took up the project of sponsoring training of medical-social workers for eye work. They had become thoroughly convinced that the prevention of blindness started in an eye clinic and that one of the means to the success of this was the services of a social worker in the eye clinics. Selected workers were given scholarships and for a three month period received training at the Infirmary under the supervision of the Social Service Department. These students all had selected positions ready for them when their training was completed. To date twelve students have received this training and returned to eye hospitals or eye clinics. One student returned to Honolulu to do pioneer eye social work.

During the years of depression it seems as though the Department has been too excessively engaged in supplying glasses to patients. The amount of work necessary in this activity has interfered considerably with intensive social case work, but the need came to us and the work had to be adjusted to meet the demand. In 1927 the Department raised $427.31. This paid for 106 pairs of glasses and 11 artificial eyes. In 1935 it cost $3,562.52 to pay for 693 pairs of glasses and 19 artificial eyes. At times we have had some difficulty in raising the large sum required, but in the end obstacles have yielded and the money was forthcoming.

The Ear Clinic has not been without its increase of interesting work during these years. The audiometer which was introduced into the Public Schools, thereby testing the hearing of children in groups, has been responsible for much increase in ear work. Children are picked out of these groups when found to have an appreciable loss of hearing and sent to the Infirmary for individual hearing tests. In 1926 the social worker referred, for special education in lip reading, 66 patients who were hard of hearing or deafened. This number has increased to 486, and these are nearly all school children. A cordial relationship has developed between the ear worker and the principals, teachers and nurses in the Public Schools. The worker's careful report of the doctor's recommendation on each child examined, is sent to the school official. In turn there is a good coöperation in following the advice given. As a result of this increased knowledge among school authorities concerning the frequency of a hearing handicap in young children, many more lip reading classes have been organized in recent years. Some of them extend into towns and cities outside of Boston. Today every child who comes to the Ear Clinic with a running ear is brought to the attention of the social worker. The undernourished child, the child recovering from an illness, the child subject to many head colds, living with parents who do not recognize the seriousness of this condition, who develops a running ear, is a fit subject for deafness if not followed faithfully to assure proper care and treatment. Often the visiting nurse has to help in this situation.

In these years when many of the families do not receive the amount of nourishing food they need, the Department has undertaken to give milk to some of the undernourished children. This could not be done on a large scale, but we feel that the money used has been spent to good advantage. At Christmas we used some of our extra money for milk and called it a Christmas present. It was gratefully received as such.

In our coöperative work with the community, figures for this year show that 42% of all agencies worked with were special hospitals, clinics, nurses, Boards of Health and local doctors and were in behalf of health or furthering the medical care of the patients. The following will give some idea of the services rendered by the Department during 1935:

Total amount of money collected by workers for hospital apparatus or care of patients			$1,064.20
Children under 14 years of age worked with		1,337	
Number of patients steered by workers for some particular service for agency or person		473	
Services secured through community agencies:			
Nurses sent into the home		181	
Dietitians sent into the home		9	
Sanatoria, other hospitals, local doctors and clinics used		194	
Convalescent, Rest and Vacation Homes used		47	
Material relief, food or clothing		83	
Industrial adjustments		31	
Education and school adjustments		205	
Temporary shelter		2	
Children's Agencies		8	
Transportation of patients		60	
Settlements and Churches		9	
Correctional Departments and Legal Aid		5	
Miscellaneous		26	
Total number of glasses secured by patients through Social Service (including 19 artificial eyes)		712	
Cost of these glasses and eyes			3,562.52
Social Service paid	$1,302.29		
Patients paid	901.33		
Community agencies, other hospitals and friends paid	769.30		
Emergency Relief Fund paid	589.60		
Number of patients who paid part or total cost of their glasses		308	
Cases brought forward from the previous year		288	
New and recurrent recorded cases		573	
Steering cases		473	
Medical follow-up cases		1,780	
General unrecorded work		953	
Total number of patients for whom some Social Service was rendered		4,072	
Clinic follow-up cases during the year		437	
Patients referred to the Division of the Blind		233	
Children with 15+% hearing loss reported to schools		162	

Children admitted to Schools for Deaf Mutes..........	12
Visits to homes and agencies in behalf of patients.......	1,085

Respectfully submitted,

AMY G. SMITH,
Chief Medical-Social Worker.

REPORT OF THE DIETARY DEPARTMENT

The year 1935 brought several improvements to the Dietary Department. An all stainless steel electrically heated food truck with an iced compartment for salads and desserts and an all stainless steel dish warming cabinet were purchased for the Private Floor. With our old method of sending the food up on the dumb waiter and transferring it to a heated cabinet it was almost impossible to serve hot food to the patients. Our new truck is pre-heated in the kitchen, the hot food put directly into the hot containers and then taken to the Private Floor where it is immediately connected again and with our cabinet for warming the dishes we are able to serve food as it should be.

An all stainless steel thermos urn for beverages was also purchased for the Second Floor which aids a great deal in serving our tea, coffee or cocoa steaming hot.

The Nurses' and Doctors' Dining Rooms have been given a much cheerier and brighter atmosphere by the addition of attractive new curtains.

A sixteen slice gas toaster has been installed in the Nurses' Cafeteria and was a much needed piece of equipment. The toast was formerly made in the kitchen before the meal and kept warm in the steam table. We are now able to make the toast as needed and serve directly to the nurses.

An electric orange squeezer which will not only save time but also oranges, is a big addition to our department.

These improvements in equipment are not only appreciated by the Dietary Department but also by all those whom the Department serves.

Since August 28th six student dietitians have received a three weeks course of instruction at the Massachusetts Eye and Ear Infirmary in conjunction with their course at the Massachusetts General Hospital.

REPORT OF THE DIETARY DEPARTMENT

A new system started this year of measuring diabetic diets instead of weighing them has proved very satisfactory and is a big help in saving time and labor.

The number of special diets served during the year was 2,668, a daily average of 7+ and included over twenty-five different types, the majority of which were diabetic. Individual dietary instruction and discharge diets were given to most of these patients. A great many of diabetic discharge diets were taken care of by the North End Diet Kitchen.

Respectfully submitted,

Eunice V. Cox,
Dietitian.

REPORT OF THE OCCUPATIONAL THERAPY DEPARTMENT

At the close of a decade of Occupational Therapy at the Massachusetts Eye and Ear Infirmary a summary of the progress by which we may evaluate our worth to the Hospital may serve as a guidepost toward the future.

The intangible, psychological value is difficult to measure or to express in so many words, but it is the most important help that we can give to the patients who are referred to our Department.

We do know that many have been able to more quickly adjust to a permanent loss of vision after a serious accident to their eyes. Often they are amazed themselves by the early development of a good sense of touch soon after they have been started in Occupational Therapy. The confidence in their ability to do things for themselves is thus restored and the first and most difficult step in their adjustment to a new philosophy of life has been made. Also in facing the problem of deafness, we feel that contacts made between the patient and the Therapist are invaluable in establishing and maintaining a normal link with the outside world which seems so silent and far away to the patient.

Bibliotherapy has been of tremendous help with these patients, many of whom have not the energy to work on an Occupational Therapy project but are eager applicants when the book wagon appears on the ward.

The lack of adequate facilities for both of these branches of our work has been most inhibiting to the advancement we should have made during the ten years of this Department's existence. If we had an Occupational Therapy Center to which the patients might be taken in order to be away from the Wards for a few hours a day to work on more and varied projects than are possible with bedside work the numbers who could be reached should show a marked increase and the general morale of the very ill as well as the ambulatory patients would be much better. The energy of the convalescents could be directed and used more efficiently while the more recently operated patients would have a better chance for the needed quiet and rest which is now impossible when all patients are in such close quarters.

We are continually grateful to the Ladies' Visiting Committee for their generous help in both branches of our work. We now have fourteen subscriptions to magazines from the various members of the Committee and frequent gifts of books, magazines and Occupational Therapy material from many individual members.

Respectfully submitted,

HELEN K. WADE, O. T. REG.,
Occupational Therapist.

REPORT OF THE PATHOLOGICAL LABORATORY

Studies are being made to improve further the tissue routine by the use of nitrocellulose as a substitute for the much more expensive celloidin. Effort is also being made to hasten the drying of slides so that they can be filed more promptly. A chemically pure neutral balsam is being used for this purpose. This mounting fluid does not turn brown with age.

Although a preliminary report on the study of sarcoma has been made, the pathological study of new cases is being correlated with clinical follow up work.

It is very pleasing that the efforts expended last year to make the Laboratory of more instructive value to the House Officers have not been in vain. It has further brought about a greater coöperation whereby more clinical data is available for correlation with the pathological findings.

The personnel of the laboratory has furnished assistance in the revision of the chapter on the eye in the revision of a histology textbook.

A permanent exhibit is slowly taking form in the laboratory. This exhibit consists of large illustrations of interesting and unusual pathological conditions.

The slide library is being modified and enlarged in order to have available a number of identical slides for class instruction.

When the amount of material is sufficiently large some sections of interesting conditions are sent to the Warren Museum.

The value of the microscopic slide and lantern slide library of the laboratory is being appreciated over the country as manifest by invitations to the personnel to illustrate lectures on pathological subjects with this material. One such program was given before the South Carolina Ophthalmology and Otolaryngology Society and another is to be given early next year before the Cleveland Ophthalmological Club.

Although no new major equipment has been requested since 1929 the needs of the laboratory for a new microscope, new photomicrographic and new projection apparatuses are growing very acute.

Respectfully submitted,

THEODORE L. TERRY, M.D.,
Pathologist.

REPORT OF THE HOWE LABORATORY OF OPHTHALMOLOGY

The researches carried out in the laboratory during the past year have been unusually fruitful in results.

Dr. Keeler, in connection with his work for the Howe Laboratory, has studied, through the courtesy of Dr. White of the Peter Bent Brigham Hospital, a curious type of coloboma iridis in both of a pair of identical twins. This proved to be similar to the type which he is investigating in the house mouse. The eyes from the mice are being studied histologically by Dr. Cogan. Dr. Keeler has succeeded in obtaining a strain of rabbits consistently developing buphthalmus, and the eyes from some of these rabbits are now being studied histologically by Dr. Verhoeff. The corneal opacities frequently present in the recessive hairless mice have been found by Dr. Keeler to be due to active cornification.

"Waved" mice possessing "open eyes" at birth instead of retaining them closed for 13 days have been studied histologically with the coöperation of Dr. Cogan. The opening of these eyes seems to be due to an active necrotic process similar to the one which opens the eyes normally, except that it is more violent and pushed back into embryology. The cornea too is affected, frequently resulting in corneal opacities lasting throughout life. Longitudinal sections of the "open eye" at birth show necrotic tissue on both lids and cornea—as though burnt with a hot needle.

A new mutation is being developed in Dr. Keeler's colony, consisting of blindness associated with Ankyblepharon. This character reminds one of the rare sex-linked anhydrosis combined with hypotrichosis and defective teeth in man. Three mice of this nature have been studied so far.

Dr. King has made tuberculin tests on over one thousand patients with ocular disease, in cases referred mainly from the ophthalmic clinic. He is continuing his study of ocular pemphigus, and is also investigating retinitis pigmentosa with special reference to developing an effective treatment for this apparently hopeless disease. He is also studying inclusions in different forms of conjunctivitis.

Dr. Gundersen has completed his study of the effects of iodine applications in herpes of the cornea, and has presented a communication on this subject to the Ophthalmic Section of the American Medical Association. He is now preparing for publication the results of his investigations of the effect of obliteration of the corneal blood vessels in various types of keratitis. He is also studying ocular rosacea, and various corneal conditions.

Dr. Irvine and Dr. Ludvigh have made an extensive investigation of the proprioceptive sense of the extraocular muscles. Their observations suggest that current views regarding the importance of proprioceptive sense for visual perceptions require revision, and they tentatively suggest a return to the older theories of Helmholtz, Hering and Tscherning.

Mr. McCarthy and Dr. Ludvigh are investigating the absorption of light throughout the visible spectrum by the ocular media. In this work they are employing a portion of the large monochromatic illuminating apparatus as a photoelectric photometer. They have already found that the absorption of the normal ocular media in the visible spectrum is not equivalent to that of an equal thickness of water, as has previously been assumed without proof. They also find that the absorption of cataractous lenses differs still more markedly from that of water.

Dr. Walker, Mr. McCarthy and Dr. Ludvigh have devised and constructed a perimeter which incorporates several important new features. It is believed that this instrument will prove superior to every other perimeter yet devised.

Dr. Ludvigh has investigated certain aspects of aniseikonia and has submitted a paper on this subject for publication.

An apparatus has been completed under the supervision of Dr. Ludvigh which, when used in conjunction with the large monochromatic illuminating apparatus, permits a more thorough investigation of the contour break acuity test than any heretofore possible.

Dr. Colson is attempting to develop better methods for the stereoscopic examination of the skull by X-rays, and has already published one paper on this subject.

Dr. Lund has continued his work on intermedin, but so far has been unable to demonstrate that its presence in the blood or urine can be utilized for the diagnosis of melanotic sarcoma.

Dr. Verhoeff has continued the study of stereoscopic vision and has collected a considerable amount of data regarding strabismus. He has perfected and published the new test for stereoscopic vision previously referred to. This test has proved to be of great value in the study of strabismus, and has made possible some new observations on stereoscopic vision. Dr. Verhoeff has constructed an instrument for measuring aniseikonia that is not only simple and inexpensive, but is believed to be more accurate than any other available.

The bibliography of hereditary eye defects being collected under the supervision of Dr. Keeler has now increased to about 35,000 titles.

As in previous years, the close affiliation of the laboratory with the ophthalmic clinic, and the whole-hearted coöperation between the staffs have proved to be of material benefit to all departments of the Infirmary.

Frederick H. Verhoeff, M.D.,

Director.

REPORT OF THE DEPARTMENT OF OPHTHALMOLOGY

In 1935 there has been an advance in the volume and in the quality of ophthalmic work done in the clinic and in the house, and there has been a noticeable increase in interest on the part of the staff in the clinical work of the hospital.

The manner in which the routine work has been handled during 1935 amply demonstrates the wisdom of expanding the ophthalmic services into six, one for each week day, and the wisdom of adequate service in refraction and perimetry. During 1935 the refractions have averaged more than 1100 each month, and the visual fields more than 200 per month. Instead of long and disgruntled waiting lines, much of the return clinic work is now being handled through appointments. The appointment system does not apply to new patients, who are admitted until ten o'clock each morning, or to emergency cases which are handled each hour during the twenty-four. All new outpatients continue to pass through the sorting room and thence to the proper groups for study and treatment.

Improved teaching, both for graduate and under-graduate medical students, has been made possible through the augmentation of the teaching staff and through the release from clinic routine of more than one clinic day each week. For graduate teaching, each staff teacher has been asked to offer a full course or a half course in the subject in which he is most interested.

The availability of full and half courses affords latitude to the graduate student, so that he may secure the instruction he most needs during the period which he has to devote to graduate study.

The course of instruction for ophthalmic house officers has embarked upon its eighth year, and it enjoys the utmost cooperation between the visiting and the resident staff. There is always competition for appointment on the resident staff, about half the competitors coming from our own graduate and elective courses in ophthalmology and the other half from other centers. Many of the applicants seek appointment here through the intermediation of Infirmary graduates, who are scattered the length and breadth of the North American continent, from Canada to Guatemala and from the Atlantic to the Pacific.

Clinical research in ophthalmology is given every encouragement by each of the six ophthalmic services. Thus, a research problem has access to the entire patient-attendance at the Infirmary and receives friendly coöperation from the staff of the Howe Laboratory and the clinical staff of the Infirmary.

The active visiting staff in ophthalmology has undergone changes during 1935. Through age retirement, Dr. W. Holbrook Lowell has changed status from Surgeon in Ophthalmology to Consulting Surgeon in Ophthalmology. During his thirty years of active service at the Infirmary, Dr. Lowell has given unselfishly of his time and energy to promote the best interests of the institution and he will be gratefully remembered by every ophthalmic graduate during the past twenty-five years for his enthusiastic teaching of surgery upon pig's eyes, and surgery in the living human eye. Dr. Benjamin Sachs and Dr. Paul Chandler have been promoted to the grade of Surgeon in Ophthalmology; Drs. Ralph H. Ruggles, Fred S. Thorne and Samuel H. Wilkins have been advanced to the grade of Associate Surgeon in Ophthalmology; and Drs. David G. Cogan and Honoré Gaudreau have been appointed Clinical Assistants in Ophthalmology. For three years, a prerequisite to any appointment to the active visiting staff of the Infirmary has required evidence of competence, such as graduation from an approved ophthalmic hospital, or certification by the American Board of Ophthalmology.

J. Herbert Waite, M.D.,
Chief of Ophthalmology.

REPORT OF THE DEPARTMENT OF OTO-LARYNGOLOGY

The routine work of the House and the Out-Patient Department has continued during the past year with its accustomed vigor. The Biplane Flouroscope has proved of great value.

The Department has sustained a major loss in the death of Dr. D. Campbell Smyth.

Owing to the retirement of Dr. Garland, the resignation of Dr. Bogan and the death of Dr. Smyth, three vacancies occurred in the Senior Surgeon group. Dr. Porter, Dr. Schall and Dr. Meltzer were advanced to Senior Surgeons and Dr. Garland and Dr. Bogan were made Associate Surgeons in Teaching. Dr. Poirier takes Dr. Bogan's place as Secretary of the Surgical Staff.

The Staff has taken an active part in the Instruction Courses given by the American Academy of Ophthalmology and Oto-laryngology. This is the largest and most active special society in the country. Dr. Schall for seven or eight years has been one of the heads of the course in Pathology of the Ear, Nose and Throat. Other staff men giving courses this year were Dr. Mosher, Dr. Cahill and Dr. Meltzer.

Dr. Lurie and Dr. Heine read by invitation before the Academy, papers embodying original research. Both received much praise. Dr. Lurie's paper dealt with original research in the physiology of hearing and Dr. Heine's with the effect of the exposure of the ciliae of mucous membrane to X-ray and radium.

Making sections of the temporal bone is one of the most trying procedures which a technician is called upon to do. We are accumulating pathological temporal bones, and the sections prepared from them are now good enough to be of scientific value.

In connection with the joint investigation of hereditary deafness being carried out at the Infirmary and the Medical School, Dr. Lurie is examining the temporal bones of waltzing guinea pigs and mice.

In addition he is injecting a series of guinea pigs with drugs known to have harmful effect on the inner ear, for instance quinine. The animals after injection at the Infirmary and testing of their hearing at the Medical School, come back to the Infirmary for the study of their temporal bones.

On December 4, 1935, Dr. Mosher gave the Mütter lecture before the College of Physicians in Philadelphia. The paper contained the results of research work on the esophagus carried out the past year.

In connection with the Monday night Staff lectures to the House Officers, Dr. Mueller gives a lecture on translating medical German.

Four of the recently graduated House Officers have started practice in Boston and have become affiliated with the Infirmary as Assistants. Their services are very welcome. All of them have the ambition and the ability to teach. They are doubly useful to the hospital and the Medical School on this account. These men are Drs. Mueller, Lovesey, Richardson and Holmes.

Miss Adams, the new technician in the Laboratory, has proven very efficient.

Dr. H. D. Smith has embodied in two papers a check-up on the Infirmary cases of tonsillectomy. He found that the operations were amply justified by the pathological findings in tonsils which were removed. He found further that in the great majority of cases the expected improvement in symptoms followed the operations.

Among the House patients there was one dramatic case of hemorrhage in which the splendid team work of the House Officers on duty saved the patient's life.

Dr. Page's reports of medical meetings in other cities and of items of progress in Bacteriology have been very valuable.

Harris P. Mosher, M.D.,
Chief of Otology and Laryngology.

REPORT OF THE X-RAY DEPARTMENT

The routine work in the department has gone on in much the same manner as in previous years.

The number of patients examined shows little variation from that of the preceding year and the type of cases seen has not changed materially.

The improved quality of the work turned out amply justifies the extent of the investment in new equipment. The new biplane fluoroscope has shown itself to be an indispensable aid in the safe and speedy removal of opaque foreign bodies in the esophagus and bronchi. During the year bougies were passed four hundred and fifty times under fluoroscopic control.

The following is a tabulation of the examinations:

1.	Treatments	501
2.	Mastoids	1,390
3.	Sinuses	2,871
4.	Teeth	583
5.	Foreign Body eye	167
6.	Chest	386
7.	Oesophagus	315
8.	Skull	93
9.	Nose	147
10.	Jaws	89
11.	Thymus	1,577
12.	Sella turcica	3
13.	Lipiodol	26
14.	Cervical spine	106
15.	Miscellaneous	50
16.	Petrous tips	122
17.	Optic canal	3
18.	Bronchoscopy	10
19.	Long bones	6
20.	Abdomen	28
	Total number of examinations	8,473
	Total number of patients	7,696

A. S. Macmillan, M.D.,

Roentgenologist.

SCIENTIFIC PAPERS PUBLISHED OR READ BY THE SURGICAL STAFF

January 1, 1935 to January 1, 1936

"The Oesophagus". By Dr. Harris P. Mosher. Reprint from *Surgery Gynecology and Obstetrics.* February 15, 1935.

"Histology and Pathology of the Oesophagus with Clinical Applications". By Dr. Harris P. Mosher. The Mütter Lecture given at the College of Physicians, Philadelphia, December 4, 1935.

"The Visual Mechanism in Diabetes Mellitus". By Dr. J. Herbert Waite. Published in *The New England Journal of Medicine,* Vol. 212, No. 9, February 28, No. 10, March 7, No. 11, March 14, 1935.

"Third Year Syllabus in Otology". By Dr. Frederick L. Bogan. Harvard Medical School.

"Experiences in Ionization of the Nasal Mucous Membrane". By Dr. Harold G. Tobey. Reprinted from the *Annals of Otology, Rhinology and Laryngology,* March, 1935, Vol. 44, No. 1, Page 94.

"Treatment of Thrombosis of the Lateral Sinus." By Dr. Philip E. Meltzer. Published in the *Archives of Otolaryngology,* August, 1935, Vol. 22, pages 131-142.

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"A Modified Tracheotomy Tube". By Dr. LeRoy A. Schall. Published in *The New England Journal of Medicine.* Vol. 212, No. 9, February 28, 1935, page 386.

"Neoplasms Involving the Middle Ear". By Dr. LeRoy A. Schall. Read before the joint section on Laryngology of the Canadian and American Medical Association, Atlantic City, New Jersey, June 12, 1935.

"Progress in Laryngology". By Dr. LeRoy A. Schall. Published in *The New England Journal of Medicine.* Vol. 213 No. 12, September 19, 1935, page 574.

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"Some Eye Problems". By Dr. Benjamin Sachs. Radio talk October 15, 1935. Public Education Committee of the Massachusetts Medical Society and Massachusetts Department of Public Health. Station W. B. Z.

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"Filamentary Keratitis". By Dr. William P. Beetham. In Press.

"Uveal Sarcoma-Malignant Melanoma". By Dr. Theodore L. Terry and Dr. Juanita P. Johns. Published in the *American Journal of Ophthalmology,* October 1935.

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"The Localization of Pitch Perception on the Basilar Membrane". By Drs. M. H. Lurie, H. Davis and S. S. Stevens. *Journal of General Psychology,* Vol. XIII, No. 21, October 1935.

"Animal Experimentation on Hearing. Its Clues to Prevention of Deafness". By Dr. M. H. Lurie. Read at American Academy of Ophthalmology and Oto-Laryngology Meeting in September 1935. *Transactions of American Academy of Ophthalmology and Oto-Laryngology.* In press.

"Uveoparotid Fever". By Dr. David G. Cogan. *American Journal of Ophtholmology,* Vol. 18, No. 7, July 1935.

"Dinitrophenol Cataract". By Dr. David G. Cogan in collaboration with F. C. Cogan. *Journal of the American Medical Association.* 105:793, September 7, 1935.

"Cataracts and Dinitrophenol". By Dr. David G. Cogan in collaboration with F. C. Cogan. *New England Journal of Medicine.* Vol. 213, No. 18, October 31, 1935.

"A Modified Technique for the Stereoscopic Examination of the Skull by X-Ray". By Dr. Z. William Colson. *The Boston Medical and Surgical Journal,* 213:1067, November 28, 1935.

"Two Unusual Cases of Unilateral Exophthalmus, One with Optic Atrophy". By Dr. Hugh C. Donahue. *American Journal of Ophthalmology,* May 1935.

"Dental Conditions in Relation to Diseases of the Eye". By Dr. Hugh C. Donahue. *The Apollonian,* July 1935.

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"The Colour Plate in Photomicrography". By Dr. Werner Mueller. Reprinted from *Journal of Technical Methods and Bulletin of the International Association of Medical Museums,* 1935, XIV, 54-59.

"A Statistical Study of Diseases of the Oesophagus". By Dr. A. S. Macmillan. *Surgery, Gynecology and Obstetrics,* February 15, 1935.

"Progress of Anesthesia in 1934". By Dr. Russell F. Sheldon. *New England Journal of Medicine,* 212:1129, June 13, 1935.

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"The Pathology of Radium Burns". By Dr. M. G. Lynch. Reprinted from the *Archives of Otolaryngology.* May 1935, Vol. 21, pp. 507-514.

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"An Eight-Months' Post-Tonsillectomy Follow-Up". By Dr. Harold D. Smith. Read before the Alumni of the Massachusetts Eye and Ear Infirmary, November 13, 1935.

Staff of the Howe Laboratory of Ophthalmology

"A New Theory of Binocular Vision". By Dr. Frederick H. Verhoeff. *Archives of Ophthalmology.* 13:151, February 1935.

"A Kinetic Test for Stereoptic Vision". By Dr. Frederick H. Verhoeff. *Transactions of the American Ophthalmological Society,* 1935.

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"Headdot: An Incompletely Recessive White Spotting Character of the Mouse". By Dr. C. E. Keeler. *Proceedings of the National Academy of Science.* 21:379.

"A Second Occurrence of Headdot Spotting in the House Mouse". By Dr. C. E. Keeler and H. D. Goodale. In press.

"Heredity in Dentistry". By Dr. C. E. Keeler. In press.

"Herpes Corneae with Special Reference to Its Treatment with Tincture of Iodine". By Dr. T. Gundersen. Section on Ophthalmology, American Medical Association, 1935.

"Concerning the Relation between Accommodation and Convergence". By E. J. Ludvigh. *American Journal of Ophthalmology,* Series 3, Vol. 18, No. 9, p. 853, September 1935.

"Aniseikonia". By E. J. Ludvigh. *American Journal of Ophthalmology* In press.

TABLE OF DISEASES
COMPILED FROM RECORDS

January 1, 1935 to January 1, 1936

	House	Out-Patient
SECTION I		
Special Infectious Diseases. General Diseases	232	211
SECTION II		
Diseases due to Animal Parasites	3	3
SECTION III		
Diseases of Metabolism and Deficiency	54	22
SECTION IV		
Diseases Peculiar to Infancy	82	80
SECTION V		
Diseases due to Physical Agents	3	3
SECTION VI		
Poisonings. Intoxications	2	1
SECTION VII		
Tumors, Benign and Malignant	340	1153
SECTION VIII		
Congenital Malformations	44	17
SECTION IX		
Injuries	63	92
SECTION X		
Diseases of the Skin	53	166
SECTION XI		
Diseases of the Circulatory System	29	33
SECTION XII		
Diseases of the Lymphatic System	27	38
SECTION XIII		
Diseases of the Blood-Forming Organs	16	3
SECTION XIV		
Diseases of the Ductless Glands	9	8
SECTION XV		
Diseases of the Nervous System	90	37
SECTION XVI		
Diseases of the Bones, Joints, Muscles, Tendons and Fascia	16	11

SECTION XVII	House	Out-Patient
Diseases and Injuries of the Eye and Ear		
Diseases of the Eye	3,216	21,717
A. General	560	14,540
B. Lids	75	717
C. Lacrimal Apparatus	101	303
D. Conjunctiva	68	1,384
E. Cornea	279	1,539
F. Anterior Chamber	54	25
G. Sclera	20	54
H. Lens	1,079	1,436
J. Uveal Tract	37	62
1. Iris	138	383
2. Ciliary Body	25	27
3. Choroid	30	98
K. Retina	158	257
L. Vitreous	40	82
M. Optic Nerve	19	154
N. Eyeball	149	166
O. Orbit	32	24
P. Disturbances of Motion	352	466
Diseases of the Ear	662	2,972
Q. General		37
R. Auricle	18	20
S. External Auditory Canal	26	865
T. Eustachian Tube	1	183
V. Middle Ear and Mastoid	613	1,588
W. Internal Ear	4	279
SECTION XVIII		
Diseases of the Nose and Accessory Sinuses	892	1,759
SECTION XIX		
Diseases of the Mouth, Lips, Cheeks, Pharynx, Tonsils and Palate	2,120	1,622
SECTION XX		
Diseases of Jaw, Teeth and Gums	12	60
SECTION XXI		
Diseases of the Tongue	2	6
SECTION XXII		
Diseases of Esophagus	71	33
SECTION XXIV		
Diseases of the Intestines	1	
SECTION XXV		
Diseases of the Liver and Biliary Tract	1	

TABLE OF DISEASES

	House	Out-Patient
SECTION XXIX		
Diseases of the Larynx	39	79
SECTION XXX		
Diseases of the Trachea and Bronchi	19	12
SECTION XXXI		
Diseases of the Lungs	10	
SECTION XXXII		
Diseases of the Pleura and Mediastinum	5	
SECTION XXXIII		
Diseases of the Kidney and Ureter	10	
SECTION XXXVI		
Diseases of the Male Generative Organs	2	
SECTION XXXVIII		
Diseases and Conditions Peculiar to Pregnancy and the Puerperal State	3	1
SECTION XL		
Anaphylaxis	9	102
SECTION XLI		
Abnormalities of Urine	1	
SECTION XLII		
Ill-Defined or Unclassified Diseases	130	8,301
Totals	8,268	38,542

LIST OF GRADUATE HOUSE OFFICERS OF THE MASSACHUSETTS EYE AND EAR INFIRMARY

Alexander, Seeyman L., *Aural,* 1919.
151 Bloor Street, W., Toronto, Ontario, Canada.
Allen, John H., *Aural,* 1904. 717 Congress Street, Portland, Maine.
Allman, Charles H., *Oto-Laryngological,* 1930.
520 Commonwealth Ave., Boston, Mass.
Amadon, A. M., *Aural,* 1897-98. (Deceased.)
Amberg, Emil, *Aural,* 1897. 662 Macabees Building, Detroit, Michigan.
Anthony, Marc, *Ophthalmic,* 1929. Westminster Apts., Spokane, Washington.
Aylesworth, Frederick A., *Ophthalmic,* 1916.
Suite 1001, Medical Arts Building, Toronto, Ontario, Canada.
Bair, Hugo L., *Ophthalmic,* 1932. Mayo Clinic, Rochester, Minnesota.
Barss, Richard, *Ophthalmic,* 1877.
Bassen, Edward J., *Ophthalmic,* 1928.
698 Madison Ave., New York City, N. Y.
Baur, Frederick E., *Aural,* 1902. 43 Grande Ave., Milwaukee, Wisconsin.
Beetham, William P., *Ophthalmic,* 1929. 5 Bay State Road, Boston, Mass.
Berry, Gordon, *Aural,* 1910. 36 Pleasant Street, Worcester, Mass.
Bigelow, F. Nolton, *Aural,* 1910. (Deceased.)
Birdsall, Clarence H., *Aural,* 1918. 26 Summer Street, Haverhill, Mass.
Bogan, Frederick L., *Aural,* 1908. 464 Commonwealth Avenue, Boston, Mass.
Boies, Lawrence R., *Oto-Laryngological,* 1931.
1937 Medical Arts Building, Minneapolis, Minnesota.
Bradford, Henry W., *Ophthalmic,* 1877. (Deceased.)
Brawner, Leon E., *Oto-Laryngological,* 1925.
157 Forrest Street, N. E., Atlanta, Georgia.
Bridgewood, David, *Ophthalmic,* 1926. (Deceased.)
Briggs, Wallace R., *Ophthalmic,* 1920. 229 M Street, Sacramento, California.
Burke, J. Robert, *Ophthalmic,* 1918. *Aural,* 1919.
207 Elm Street, Holyoke, Mass.
Cahill, Harry P., *Aural,* 1914. 520 Commonwealth Ave., Boston, Mass.
Cameron, Walter C., *Ophthalmic,* 1930.
1103 Rhodes Building, Tacoma, Washington.
Canfield, R. Bishop, *Aural,* 1901. (Deceased.)
Caples, Thomas R., *Ophthalmic, Aural,* 1915-1916.
191 Merrimac Street, Haverhill, Mass.
Carleton, Ralph, *Ophthalmic,* 1896. 10 Temple Street, Springfield, Mass.
Caron, Armand, L., *Oto-Laryngological,* 1927.
390 Main Street, Worcester, Mass.
Carroll, Frank D., *Ophthalmic,* 1935. 780 Park Ave., New York City, N. Y.
Carroll, Henry G., *Ophthalmic,* 1911. 270 Commonwealth Ave., Boston, Mass.
Carter, Leland F., *Ophthalmic,* 1926.
4061 Pasadena Ave., Detroit, Michigan.
Casten, Virgil G., *Ophthalmic,* 1931.
520 Commonwealth Ave., Boston, Mass.
Cave, Linus S., *Oto-Laryngological,* 1927.
Physicians' Building, Syracuse, N. Y.
Chamberlain, Allen H., *Ophthalmic,* 1889. (Deceased.)
Chandler, H. Beckles, *Ophthalmic,* 1880. 34½ Beacon Street, Boston, Mass.

Chandler, H. Beckles, Jr., *Ophthalmic,* 1912.
34½ Beacon Street, Boston, Mass.
Chandler, Paul A., *Ophthalmic,* 1925. 5 Bay State Road, Boston, Mass.
Cheney, Frederick E., *Ophthalmic,* 1888. (Deceased.)
Cheney, Robert C., *Ophthalmic,* 1921.
6 Commonwealth Ave., Boston, Mass.
Clap, Edmund W., *Ophthalmic,* 1899.
390 Commonwealth Ave., Boston, Mass.
Clarke, Jonas, *Ophthalmic,* 1877.
Cogan, David G., *Ophthalmic,* 1935.
Coughlan, John N., *Aural,* 1900. 418 Mayer Building, Portland, Oregon.
Cooper, Kemp G., *Oto-Laryngological,* 1930.
1516 Cook Street, Denver, Colorado.
Coyle, John A., *Ophthalmic,* 1931. Wilder, Vermont.
Crewson, Arthur L., *Oto-Laryngological,* 1927.
142 Pitt Street, Cornwall, Ontario, Canada.
Crockett, Eugene A., *Aural,* 1892. (Deceased.)
Davidson, Herman P., *Ophthalmic,* 1920.
Suite 1424, 30 North Michigan Ave., Chicago, Illinois.
Davis, Frederick A., *Ophthalmic,* 1892. (Deceased.)
Day, Charles Orrin, *Aural,* 1922. 270 Commonwealth Ave., Boston, Mass.
Day, Kenneth, *Oto-Laryngological,* 1924.
121 University Place, Pittsburgh, Pennsylvania.
Dean, Abbott W., *Ophthalmic,* 1929.
424 Oakland Ave., Council Bluffs, Iowa.
Donahue, Hugh C., *Ophthalmic,* 1931.
520 Commonwealth Ave., Boston, Mass.
Dowling, Joseph L., *Ophthalmic,* 1918.
57 Jackson Street, Providence, Rhode Island.
Dunphy, Edwin B., *Ophthalmic,* 1923.
101 Bay State Road, Boston, Mass.
Drury, Dana, W., *Aural,* 1906. 483 Beacon Street, Boston, Mass.
Easton, Elwood T., *Ophthalmic,* 1900. 209 Newbury Street, Boston, Mass.
Ellis, Edward K., *Ophthalmic,* 1905. 412 Beacon Street, Boston, Mass.
Ernlund, Carl H., *Oto-Larnygological,* 1927.
5 Bay State Road, Boston, Mass.
Evans, Maurice G., *Oto-Laryngological,* 1928.
311 Commonwealth Ave., Boston, Mass.
Evans, William H., *Ophthalmic,* 1924.
510-517 Dollar Bank Building, Youngstown, Ohio.
Farrell, James L., *Ophthalmic,* 1932. Kempf Building, Utica, New York.
Faunce, Calvin B., *Aural,* 1907. 412 Beacon Street, Boston, Mass.
Finck, Harry P., *Aural,* 1919. (Deceased.)
Fisher, Carl, *Ophthalmic,* 1907.
1930 Wilshire Boulevard, Los Angeles, California.
Fisher, Stanwood E., *Aural,* 1909. 122 State Street, Portland, Maine.
Frackelton, Ralph J., *Oto-Laryngological,* 1933.
15701 Detroit Ave., Lakewood, Ohio.
Franklin, C. Ray, *Ophthalmic,* 1931.
168th Street and Broadway, New York City, New York.
Frazee, John R., *Oto-Laryngological,* 1934. 311 Beacon Street, Boston, Mass.
Fred, Gus Bernard, *Oto-Laryngological,* 1925.
475 Commonwealth Ave., Boston, Mass.
Frisch, Frederick, *Ophthalmic,* 1908. (Deceased.)
Fultz, William E., *Ophthalmic,* 1927. 45 Kaye Street, Halifax, Nova Scotia.

Gabriels, Joseph A. C., *Ophthalmic,* 1921.
435 State Street, Albany, New York.
Gallagher, John H. C., *Aural,* 1920. 107 Centre Street, Chicopee, Mass.
Gaudreau, Honoré E., *Ophthalmic,* 1930.
293 Bridge Street, Springfield, Mass.
Gaus, Louis, *Ophthalmic,* 1921. 220 State Street, Albany, N. Y.
Germain, Harry H., *Ophthalmic,* 1899.
475 Commonwealth Ave., Boston, Mass.
Gibson, Arthur C., *Aural,* 1921. 516 Sutter Street, San Francisco, California.
Gifford, Harold, Jr., *Ophthalmic,* 1934.
1620 Medical Arts Building, Omaha, Nebraska.
Gilbert, John J., *Ophthalmic,* 1917. *Aural,* 1920.
221 Thayer Street, Providence, Rhode Island.
Gillespie, Elmer H., *Oto-Laryngological,* 1932.
101 Bay State Road, Boston, Mass.
Goldman, A. Milton, *Ophthalmic,* 1924.
121 E. 60th Street, New York City, N. Y.
Goodale, Robert L., *Oto-Laryngological,* 1926.
258 Beacon Street, Boston, Mass.
Goodall, Edwin B., *Ophthalmic,* 1918. 101 Bay State Road, Boston, Mass.
Goodell, William, *Aural,* 1906. 121 Chestnut Street, Springfield, Mass.
Goray, J. P., *Ophthalmic,* 1897. Day Street, Fitchburg, Mass.
Gray, Gerald, H., *Oto-Laryngological,* 1929.
420 Mountain Ave., Piedmont, California.
Grossman, Herman P., *Ophthalmic,* 1934.
224 Thayer Street, Providence, Rhode Island.
Gundersen Trygve, *Ophthalmic,* 1930. 5 Bay State Road, Boston, Mass.
Hacking, Raymond F., *Ophthalmic,* 1927.
105 Waterman Street, Providence, Rhode Island.
Halliday, Armond A., *Aural,* 1919. (Deceased.)
Hammond, Philip, *Aural,* 1894. 483 Beacon Street, Boston, Mass.
Happ, Linley C., *Oto-Laryngological,* 1931.
124 Waterman Street, Providence, Rhode Island.
Haskell, Henry H., *Ophthalmic,* 1893. 5 Vista Ave., Auburndale, Mass.
Hawkins, Henry, *Ophthalmic,* 1909. 394 Marlborough Street, Boston, Mass.
Heffernan, David A., *Ophthalmic,* 1904.
270 Commonwealth Ave., Boston, Mass.
Hennessey, William W., *Aural,* 1908. 33 Essex Street, Salem, Mass.
Hill, Frederick, T., *Aural,* 1916. 111 Main Street, Waterville, Maine.
Hobart, Carl, *Ophthalmic,* 1922.
518 Metropolitan Building, St. Louis, Missouri.
Hollabaugh, Charles F., *Ophthalmic,* 1932.
Doctors' Building, Nashville, Tennessee.
Holmes, Edgar M., *Oto-Laryngological,* 1934.
520 Commonwealth Ave., Boston, Mass.
Hoople, Gordon D., *Oto-Laryngological,* 1926.
The Medical Arts Building, Syracuse, New York.
Hubbard, Rufus P., *Ophthalmic,* 1879.
308 West 15th Street, New York City, New York.
Hurley, Edward D., *Ophthalmic,* 1907. 419 Bolyston Street, Boston, Mass.
Hussey, Edward J., *Ophthalmic,* 1906 (Deceased.)
Ireland, Percy E., *Oto-Laryngological,* 1935.
170 St. George Street, Toronto, Ontario, Canada.
Irvine, S. Rodman, *Ophthalmic,* 1935.
1114 Roosevelt Building, Los Angeles, California.
Jack, Edwin E., *Ophthalmic,* 1888. 215 Beacon Street, Boston, Mass.

Jackle, Arthur F., *Ophthalmic,* 1913. Kunkirk, New York.
Jennings, John G., *Ophthalmic,* 1917. 82 Commonwealth Ave., Boston, Mass.
Johnson, Charles I., *Oto-Laryngological,* 1929.
270 Commonwealth Ave., Boston, Mass.
Jones, Edward Earl, *Oto-Laryngological,* 1928.
23 Main Street, Brockton, Mass.
Judd, Delbert K., *Oto-Laryngological,* 1934.
1020 Medical Arts Building, Omaha, Nebraska.
Kearny, Richard A., *Aural,* 1921. 2311 Connecticut Ave., Washington, D. C.
Kendall, M. Ray, *Aural,* 1917. 102 Huron Road, Cleveland, Ohio.
Kennedy, Michael Francis, *Ophthalmic,* 1927.
I Street, N. W., Washington, D. C.
Kerst, J. Arthur, *Ophthalmic,* 1934.
608 East Capitol Avenue, Springfield, Illinois.
Kilburn, Henry W., *Aural,* 1885. (Deceased.)
King, Merrill J., *Ophthalmic,* 1932. 82 Commonwealth Ave., Boston, Mass.
Langworthy, Henry G., *Aural,* 1907. 10th and Bluff Streets, Dubuque, Iowa.
Leahey, Brendan D., *Ophthalmic,* 1933. 9 Central Street, Lowell, Mass.
LeCompte, Walter A., *Aural,* 1901. (Deceased.)
Lemoine, Albert E., *Ophthalmic,* 1923.
1119 Rialto Building, Kansas City, Missouri.
Levitt, Jesse M., *Ophthalmic,* 1933. 734 Ocean Ave., Brooklyn, New York.
Liebman, William, *Ophthalmic,* 1911.
311 Commonwealth Ave., Boston, Mass.
Lodge, Edmund A., *Oto-Laryngological,* 1924.
410 Arygle Building, Kansas City, Missouri.
Loring, Robert G., *Ophthalmic,* 1900. 140 Beacon Street, Boston, Mass.
Lothrop, Oliver A., *Aural,* 1911. 101 Beacon Street, Boston, Mass.
Lougee, John L., *Aural,* 1909. 483 Beacon Street, Boston, Mass.
Lovesey, Burton E., *Oto-Laryngological,* 1935.
79 Bay State Road, Boston, Mass.
Lowell, W. Holbrook, *Ophthalmic,* 1902.
82 Commonwealth Ave., Boston, Mass.
MacDonald, Alexander E., *Ophthalmic,* 1923.
151 Bloor Street, West, Toronto, Ontario, Canada.
Macdonald, Donald H., *Oto-Laryngological,* 1930.
45 Bay State Road, Boston, Mass.
MacKechnie, William G., *Aural,* 1918.
96 College Street, Toronto, Ontario, Canada.
Mackenzie, Roland C., *Ophthalmic,* 1911. 51 Moody Street, Waltham, Mass.
MacMillan, A. L., Jr., *Aural,* 1912.
46 Pleasant Street, Concord, New Hampshire.
Macnie, John P., *Ophthalmic,* 1929.
635 W. 165th Street, New York City, New York.
Mansur, Leon Wallace, *Ophthalmic,* 1898.
1109 Brockman Building, Los Angeles, California.
McAuley, Albert G., *Ophthalmic,* 1915.
1301 Dorchester Street, West, Montreal, Quebec, Canada.
McCabe, Frank J., *Ophthalmic,* 1916.
204 Angell Street, Providence, Rhode Island.
McCusker, John J., *Ophthalmic,* 1897.
382 Broad Street, Providence, Rhode Island.
McDonald, Samuel J., *Ophthalmic,* 1902.
362 Commonwealth Ave., Boston, Mass.
McGuigan, G. Edmund, *Ophthalmic,* 1924.
116 West Market Street, York, Pennsylvania.

McIntire, Frederic J., *Ophthalmic,* 1910.
63 North Common Street, Lynn, Mass.
McKelvey, Alexander D., *Aural,* 1911. (Deceased.)
McLaughlin, William C., *Aural,* 1908.
171 Broad Street, Providence, Rhode Island.
McLeod, Angus M., *Oto-Laryngological,* 1932.
Medical Arts Building, Toronto, Ontario, Canada.
McLeod, John, *Ophthalmic,* 1930.
c/o Dr. O. R. Wolfe, Masonic Building, Marshalltown, Iowa.
Meek, Raymond E., *Ophthalmic,* 1926.
729 Park Avenue, New York City, New York.
Meltzer, Philip E., *Aural,* 1919. 20 Charlesgate West, Boston, Mass.
Merritt, Robert E., *Ophthalmic,* 1920.
1105 Brockman Building, Los Angeles, California.
Messenger, Harry K., *Ophthalmic,* 1934.
313 Commonwealth Avenue, Boston, Mass.
Meyer, Monto F., *Ophhalmic,* 1919.
904 Canal Bank Building, New Orleans, Louisiana.
Moore, Fontaine B., *Aural,* 1914.
Morse, Almon G., *Ophthalmic,* 1893. Sunmount, New York.
Motley, Frederic E., *Oto-Laryngological,* 1925.
Charlotte Eye, Ear, Nose & Throat Hospital, Charlotte, North Carolina.
Mueller, Werner, *Oto-Laryngological,* 1933.
395 Commonwealth Ave., Boston, Mass.
Murphy, Edward M., *Ophthalmic,* 1915. 175 Central Street, Lowell, Mass.
Murphy, William E., *Oto-Laryngological,* 1933.
Slater Building, Worcester, Mass.
Myers, Roscoe W., *Ophthalmic,* 1927. 36 Pleasant Street, Worcester, Mass.
Nicholson, Harry M., *Aural,* 1913.
101 James Street South, Hamilton, Ontario, Canada.
O'Connor, Michael J., *Aural,* 1923.
532 Broad Street, Providence, Rhode Island.
Olds, Bomar A., *Oto-Laryngological,* 1929.
Suite No. 307, Medical Arts Building, Atlanta, Georgia.
O'Neil, Robert C., *Oto-Laryngological,* 1928. (Deceased.)
Parker, Harry C., *Ophthalmic,* 1902.
Pollock, Frederic J., *Oto-Laryngological,* 1935.
2561 North Clark Street, Chicago, Illinois.
Porter, Charles T., *Aural,* 1914. 520 Commonwealth Ave., Boston, Mass.
Powers, George H., *Aural,* 1904. 311 Beacon Street, Boston, Mass.
Proctor, Francis I., *Ophthalmic,* 1891. Santa Fé, New Mexico.
Provost, Adolphe J., *Oto-Laryngological,* 1927.
1061 Elm Street, Manchester, New Hampshire.
Prudhon, Charles A., *Oto-Laryngological,* 1930.
168 Sterling Street, Watertown, New York.
Quackenboss, Alexander, *Ophthalmic,* 1893. (Deceased.)
Quevedo, A., Arturo, *Ophthalmic,* 1933.
9a Ave. Sur No. 50, Guatemala City, Central America.
Quincy, Josiah E., *Oto-Laryngological,* 1926.
270 Commonwealth Ave., Boston, Mass.
Raynes, Alphonse F., *Ophthalmic,* 1923.
209 Miller Ave., Portsmouth, New Hampshire.
Reaves, Robert G., *Aural,* 1918. 425 W. Clinch Ave., Knoxville, Tennessee.
Richards, Lyman G., *Oto-Laryngological,* 1926.
319 Longwood Avenue, Boston, Mass.

Richardson, John R., *Oto-Laryngological,* 1935.
395 Commonwealth Ave., Boston, Mass.
Ross, Percy Jay, *Oto-Laryngological,* 1934.
Rothwell, Stephen G., *Oto-Laryngological,* 1925.
97 Spring Street, New Bedford, Mass.
Ruggles, Ralph H., *Ophthalmic,* 1920.
394 Marlborough Street, Boston, Mass.
Ruggles, Roger L., *Oto-Laryngological,* 1932. 80 Elm Street, Westfield, Mass.
Rust, Frank L., *Ophthalmic,* 1898. (Deceased.)
Ryder, George H., *Ophthalmic,* 1901. 968 Hancock Street, Quincy, Mass.
Sachs, Benjamin, *Ophthalmic,* 1925. 483 Beacon Street, Boston, Mass.
Sargent, Francis B., *Aural,* 1923.
124 Waterman Street, Providence, Rhode Island.
Savage, Ross E., *Ophthalmic,* 1910. 543 Boylston Street, Boston, Mass.
Scarney, Herman D., *Ophthalmic,* 1928.
533 David Whitney Building, Detroit, Michigan.
Shambaugh, George E., Jr., *Oto-Laryngological,* 1932.
122 S. Michigan Ave., Chicago, Illinois.
Shanahan, Timothy J., *Aural,* 1907. (Deceased.)
Simmons, Fred A., *Aural,* 1918. (Deceased.)
Sisson, Raymond J., *Ophthalmic,* 1925. (Deceased.)
Skilling, Francis C., *Ophthalmic,* 1933. 401 Ingram Building, Miami, Florida.
Smyth, D. Campbell, *Aural,* 1910. (Deceased.)
Smyth, P. Sommers, *Ophthalmic,* 1905. (Deceased.)
Sowers, Martin L., *Aural,* 1922. Crossways Apts., Far Rockaway, New York.
Spalding, Fred M., *Ophthalmic,* 1900. 128 Newbury Street, Boston, Mass.
Spratt, Charles N., *Ophthalmic,* 1904. 785 9th Street, Minneapolis, Minn.
Standish, Myles, *Ophthalmic,* 1880. (Deceased.)
Tegelberg, Julius, *Oto-Laryngological,* 1931.
390 Main Street, Worcester, Mass.
Terry, Theodore L., *Ophthalmic,* 1928. 128 Newbury Street, Boston, Mass.
Thompson, Peter Hunter, *Ophthalmic,* 1902.
308 Commonwealth Ave., Boston, Mass.
Tobey, George L., Jr., *Aural,* 1905.
270 Commonwealth Ave., Boston, Mass.
Tobey, Harold G., *Aural,* 1915. 270 Commonwealth Ave., Boston Mass.
Toot, J. Frederick, *Ophthalmic,* 1922. East Liverpool, Ohio.
Vail, Derrick T., *Ophthalmic,* 1924. 24 E. 8th Street, Cincinnati, Ohio.
Vail, Harris H., *Aural,* 1921. 917-920 Carew Tower, Cincinnati, Ohio.
Waite, J. Herbert, *Ophthalmic,* 1923. 7 Bay State Road, Boston, Mass.
Wales, Ernest DeW., *Aural,* 1902.
1236 N. Pennsylvania Street, Indianapolis, Indiana.
Walker, Clifford B., *Aural,* 1914.
Auditorium Building, Los Angeles, California.
Walker, D. Harold, *Aural,* 1902. 5 Bay State Road, Boston, Mass.
Webster, Franklin R., *Ophthalmic,* 1926.
University Building, Syracuse, New York.
Weille, Francis L., *Oto-Laryngological,* 1929.
395 Commonwealth Ave., Boston, Mass.
Weinheimer, Lambert H., *Ophthalmic,* 1922.
111 Comstock Place, Syracuse, New York.
White, Leon E., *Aural,* 1897. (Deceased.)
White, Leon E., *Aural,* 1923. 390 Commonwealth Ave., Boston, Mass.
Whitney, Raymond C., *Ophthalmic,* 1922.
7 N. 6th Street, New Bedford, Mass.

Willis, Harry C., *Aural,* 1923. 216 E. Nash Street, Wilson, North Carolina.
Winkler, Herman A., *Oto-Laryngological,* 1926.
389 Blackstone Street, Providence, Rhode Island.
Wishart, David E. S., *Aural,* 1922.
47 Grosvenor Street, Toronto, Ontario, Canada.
Worthen, Clarence F., *Ophthalmic,* 1917.
319 Commonwealth Ave., Boston, Mass.
Wright, Clarence F., *Oto-Laryngological,* 1931.
321 The Medical Arts Building, Toronto, Ontario, Canada.
Wright, Edward N., *Oto-Laryngological,* 1933.
The Medical Arts Building, Toronto, Ontario, Canada.

Form of a Bequest to the Infirmary

I give and bequeath to the Massachusetts Eye and Ear Infirmary of Boston, the sum of dollars, to be applied to the uses of said Infirmary.

ONE HUNDRED AND ELEVENTH

ANNUAL REPORT

of the

Massachusetts Eye and Ear Infirmary

Incorporated in 1827

For the Year

1936

THE MASSACHUSETTS EYE AND EAR INFIRMARY

243 Charles Street, Corner Fruit Street, Boston, Mass.

OUT-PATIENT DEPARTMENT

The Out-Patient Department is open daily, excepting Sundays and legal holidays, from 8.00 to 10.00 A.M., for examination and treatment of all persons unable to pay a physician, afflicted with disease of the eye, ear, nose or throat. Persons needing treatment in the hospital wards will be advised accordingly. Medicines and glasses are furnished at the Infirmary, but neither prescription nor advice will be sent by mail, express or messenger.

Admission fee: Adults, seventy-five cents first visit, other visits fifty cents; children under sixteen years of age, fifty cents first visit, other visits twenty-five cents.

HOSPITAL

Persons recommended for admission to the hospital wards should apply at the Director's Office before 1 P.M., *on week days only, excepting legal holidays.*

Accident and emergency cases admitted at any time.

All communications about the Infirmary or any patient must be addressed to the Director, and should contain the full name of the patient as well as the name and address of the writer.

Persons admitted to the wards as in-patients will be charged for board at the rate of twenty-four dollars per week, payable in advance, unless some special arrangement is made by the Director. No reduction in rate of board made to those residing outside the Commonwealth of Massachusetts.

Visitors will be admitted to see patients from 1 to 2 o'clock in the afternoon, and but one visitor a day is allowed to each patient over twelve years of age. Children under twelve years of age may be visited on Sundays and legal holidays from 1 to 2 P.M., when two visitors are permitted. Visitors may be excluded at any time.

On Sundays and holidays two visitors are allowed each patient.

The Infirmary reserves the right to investigate every case.

Massachusetts Eye and Ear Infirmary

ONE HUNDRED AND ELEVENTH

ANNUAL REPORT

of the

Massachusetts Eye and Ear Infirmary

For the Year

1936

BOSTON

OFFICERS, 1937

BOARD OF MANAGERS, 1936-1937

1887 George P. Gardner, 10 Post Office Square
1903 Russell G. Fessenden, 17 Court Street
1907 Charles P. Curtis, 71 Ames Building
1907 Robert H. Stevenson, 50 State Street
1914 James Dean, 201 Devonshire Street
1914 James C. Howe, 843 Exchange Building
1925 Leverett Saltonstall, 55 Congress Street
1929 Walter H. Trumbull, 24 Federal Street
*1932 William H. Claflin, Jr., 84 State Street
*1934 Patrick A. O'Connell, 154 Tremont Street
1934 Frank G. Allen, 248 Summer Street
1934 Robert F. Bradford, 49 Federal Street
1935 William A. Parker, 1 Court Street

President

Russell G. Fessenden

Secretary

James C. Howe, 843 Exchange Building

Treasurer

James Dean, 201 Devonshire Street

Executive Committee

Russell G. Fessenden
Robert H. Stevenson
James Dean
William H. Claflin, Jr.

Finance Committee

Russell G. Fessenden
James Dean
James C. Howe

---

*Appointed by the Commonwealth.

MASSACHUSETTS EYE AND EAR INFIRMARY

Visiting Committee

January	Mr. Stevenson	July	Mr. Trumbull
	Mr. Allen		Mr. Fessenden
February	Mr. Allen	August	Mr. Fessenden
			Mr. Howe
March		September	Mr. Howe
	Mr. Gardner		Mr. Bradford
April	Mr. Gardner	October	Mr. Bradford
	Mr. Curtis		Mr. Dean
May	Mr. Curtis	November	Mr. Dean
	Mr. Saltonstall		Mr. Parker
June	Mr. Saltonstall	December	Mr. Parker
	Mr. Trumbull		Mr. Stevenson

Ladies' Visiting Committee

Mrs. Sullivan A. Sargent, Jr., *Chairman*
Mrs. Harold Peabody, *Vice-chairman*
Mrs. V. H. Kazanjian, *Secretary*
Mrs. Richard C. Curtis, *Treasurer*
Miss Emily Davis, *Chairman Entertainment Committee*
Mrs. Francis T. Hunter, *Chairman Nurses' Committee*
Mrs. Paul Courtney, *Chairman Visitors' Committee*
Mrs. Livingston Davis, *Chairman Occupational Therapy Committee*
Mrs. Harris P. Mosher, *Chairman Flower Committee*

Mrs. Arlie V. Bock
Mrs. John E. Boit
Mrs. Harry P. Cahill
Mrs. Nathaniel Clapp
Mrs. Weld Douglass
Mrs. Edwin B. Dunphy
Mrs. Reginald Foster
Mrs. Robert L. Goodale
Mrs. Trygve Gundersen
Mrs. Harold L. Higgins
Miss Grace Madden
Mrs. Charles E. Mason
Mrs. William W. McCarthy
Miss Madeline Post
Mrs. John Richardson
Mrs. Edward J. L. Ropes
Mrs. LeRoy Schall
Mrs. Herbert B. Shaw
Mrs. Reginald Smithwick
Mrs. William B. Snow, Jr.
Mrs. Leslie Soule
Mrs. Thomas C. Thacher, Jr.
Mrs. George L. Tobey, Jr.
Mrs. Frederick H. Verhoeff
Mrs. Francis L. Weille
Mrs. John I. Wylde

Junior Committee

Miss Rebecca Ames
Miss Madeline Jackson
Miss Ann Soule

OFFICERS, 1937

Executive Officers

Director

Nathaniel W. Faxon, M.D.

Assistant to the Director

Annie M. Robertson, R.N.

Surgical Board

Consulting Surgeons in Ophthalmology

Edwin E. Jack, M.D.
Henry H. Haskell, M.D.
Walter B. Lancaster, M.D.
Fred M. Spalding, M.D.
Peter H. Thompson, M.D.
Samuel J. McDonald, M.D.
Allen Greenwood, M.D.
W. Holbrook Lowell, M.D.
Hugo B. C. Riemer, M.D.

Consulting Chief of Ophthalmology

Frederick H. Verhoeff, M.D.

Consulting Surgeons in Otology and Laryngology

Frederick L. Jack, M.D.
Francis P. Emerson, M.D.
Algernon Coolidge, M.D.
J. Payson Clark, M.D.
Joseph L. Goodale, M.D.
George L. Tobey, Jr., M.D.
D. Harold Walker, M.D.
Calvin B. Faunce, M.D.
Frederick E. Garland, M.D.
Frederick L. Bogan, M.D.

Chief of Ophthalmology

J. Herbert Waite, M.D.

Chief of Otology and Laryngology

Harris P. Mosher, M.D.

Surgeons in Ophthalmology

Edward K. Ellis, M.D.
J. Herbert Waite, M.D.
Edwin B. Goodall, M.D.
Edwin B. Dunphy, M.D.
Benjamin Sachs, M.D.
Paul Chandler, M.D.

Surgeons in Oto-Laryngology

Harry P. Cahill, M.D.
George H. Poirier, M.D.
Edwards W. Herman, M.D.
Harold G. Tobey, M.D.
Charles T. Porter, M.D.
Philip E. Meltzer, M.D.
LeRoy A. Schall, M.D.
William I. Wiggin, M.D.

Surgeon for Plastic Operations

Varaztad H. Kazanjian, M.D., D.M.D.

Associates in Laryngology in Teaching

Joseph L. Goodale, M.D.
Charles D. Knowlton, M.D.
Harry A. Barnes, M.D.
Frederick E. Garland, M.D.
Frederick L. Bogan, M.D.

Associate Surgeons in Ophthalmology

John G. Jennings, M.D.
Ralph H. Ruggles, M.D.
Fred S. Thorne, M.D.
Samuel H. Wilkins, M.D.

Assistant Surgeons in Ophthalmology

William P. Beetham, M.D.
Virgil G. Casten, M.D.
Trygve Gundersen, M.D.
Merrill J. King, M.D.
Theodore L. Terry, M.D.
Brendan D. Leahey, M.D.
Hugh C. Donahue, M.D.

Assistant Surgeons in Oto-Laryngology

Maurice G. Evans, M.D.
G. Bernard Fred, M.D.
Robert L. Goodale, M.D.
Margaret N. Kleinert, M.D.
Moses H. Lurie, M.D.
Philip Mysel, M.D.
Josiah E. Quincy, M.D.
Francis L. Weille, M.D.
Leon E. White, M.D.
Charles I. Johnson, M.D.

Clinical Assistants in Ophthalmology

David G. Cogan, M.D.
Z. William Colson, M.D.
Edward E. Covitz, M.D.
Mahlon T. Easton, M.D.
Honoré E. Gaudreau, M.D.
Meyer M. Gilbert, M.D.
Herman P. Grossman, M.D.
Paul G. Haire, M.D.
Juanita P. Johns, M.D.
Thomas H. Macdonald, M.D.
Harry K. Messenger, Ph.D., M.D
Frederick H. Salls, M.D.
Raymond C. Whitney, M.D.

Clinical Assistants in Oto-Laryngology

Charles H. Allman, M.D.
Walter J. E. Carroll, M.D.
Samuel Cline, M.D.
John R. Frazee, M.D.
Elmer H. Gillespie, M.D.
Edgar M. Holmes, M.D.
Vincent J. Kelley, M.D.
Burton E. Lovesey, M.D.
Donald H. Macdonald, M.D.
Werner Mueller, M.D.
John R. Richardson, M.D.
Joseph Lentine, M.D.
Elizabeth DeBlois, M.D.

Clinical Assistant for Bronchoscopy and Oesophagoscopy

Edward B. Benedict, M.D.

Consulting Pathologist

Tracy B. Mallory, M.D.

Pathologist

Theodore L. Terry, M.D.

Roentgenologist

A. S. Macmillan, M.D.

Dentist

George H. Wright, D.M.D.

Assistant Anesthetist

Russell F. Sheldon, M.D.

Howe Laboratory of Ophthalmology

Director

Frederick H. Verhoeff, M.D.

Clyde E. Keeler, S.D.
Merrill J. King, M.D.
Trygve Gundersen, M.D.
Harry K. Messenger, Ph.D., M.D.
Eugene F. McCarthy, M.A.
Elek Ludvigh, Ph.D.
David G. Cogan, M.D.

Consultants

Consulting Physicians

James H. Means, M.D.
Gerald Blake, M.D.
Arlie V. Bock, M.D.
Chester M. Jones, M.D.
Francis M. Rackemann, M.D.
William B. Robbins, M.D.
Paul D. White, M.D.
William B. Breed, M.D.
Walter Bauer, M.D.
F. Dennette Adams, M.D.
Gerardo M. Balboni, M.D.
Roger P. Dawson, M.D.
Wyman Richardson, M.D.
Dwight L. Siscoe, M.D.
Fuller Albright, M.D.
Francis T. Hunter, M.D.
Donald S. King, M.D.
James H. Townsend, M.D.
William A. Bishop, M.D.
Maurice Fremont-Smith, M.D.
Margaret V. Grogan, M.D.
B. Thurber Guild, M.D.
Howard B. Jackson, M.D.
Howard B. Sprague, M.D.
Roy R. Wheeler, M.D.
Louis Wolff, M.D.

Consulting Dermatologists

C. Guy Lane, M.D.
Loretta J. Cummins, M.D.
Ethel M. Rockwood, M.D.
Arthur M. Greenwood, M.D.
Jacob H. Swartz, M.D.
Austin W. Cheever, M.D.

Consulting Neurologists

James B. Ayer, M.D.
George Clymer, M.D.
G. Colket Caner, M.D.
Charles A. McDonald, M.D.
Harry C. Solomon, M.D.
Henry R. Viets, M.D.

Consulting Psychiatrists

Stanley Cobb, M.D.
Kenneth J. Tillotson, M.D.
Niels Anthonisen, M.D.
Ray L. Whitney, M.D.
Jacob E. Finesinger, M.D.
Maurice Fremont-Smith, M.D.
John C. Whitehorn, M.D.
William G. Barrett, M.D.
Edgarton M. Howard, M.D.
Marianna Taylor, M.D.

Consulting Pediatricians

Harold L. Higgins, M.D.
Joseph Garland, M.D.
J. Herbert Young, M.D.
Richard S. Eustis, M.D.
Edward S. O'Keefe, M.D.
Eli C. Romberg, M.D.
Solomon H. Rubin, M.D.
Richard S. Tefft, Jr., M.D.
Oliver E. Bixby, M.D.
Arthur Bates Lyon, M.D.

Consulting Surgeons

Edward D. Churchill, M.D.
Arthur W. Allen, M.D.
Channing C. Simmons, M.D.
W. Jason Mixter, M.D.
George A. Leland, Jr., M.D.
Richard H. Miller, M.D.
Varaztad H. Kazanjian, M.D.
John S. Hodgson, M.D.
Leland S. McKittrick, M.D.
Edward L. Young, Jr., M.D.
James C. White, M.D.
Henry C. Marble, M.D.
Joe Vincent Meigs, M.D.
Horace K. Sowles, M.D.
Ernest M. Daland, M.D.
Torr W. Harmer, M.D.
E. Parker Hayden, M.D.
André W. Reggio, M.D.
Franklin G. Balch, Jr., M.D.
Horatio Rogers, M.D.
Reginald H. Smithwick, M.D.
Grantley W. Taylor, M.D.
Henry H. Faxon, M.D.
Robert R. Linton, M.D.
Richard H. Sweet, M.D.

OFFICERS, 1937

Consulting Orthopedists

Marius N. Smith-Petersen, M.D.	George W. VanGorder, M.D.
Armin Klein, M.D.	Edwin F. Cave, M.D.
William A. Rogers, M.D.	Joseph S. Barr, M.D.

Sumner M. Roberts, M.D.

Consulting Urologists

J. Dellinger Barney, M.D.	Channing S. Swan, M.D.
George Gilbert Smith, M.D.	Bryant Wetherell, M.D.
Harvard H. Crabtree, M.D.	Richard Chute, M.D.
Fletcher H. Colby, M.D.	Sylvester B. Kelley, M.D.

E. Ross Mintz, M.D.

Consulting Pathologist

Harry F. Hartwell, M.D.

Consulting Bacteriologist

Louis Dienes, M.D.

Consulting Roentgenologists

George W. Holmes, M.D.	James R. Lingley, M.D.
Aubrey O. Hampton, M.D.	Richard Schatzki, M.D.

Consultant in Contagious Diseases

Edwin H. Place, M.D.

ADVISORY COMMITTEE

Social Service Department

Mr. Russell G. Fessenden	Dr. Harris P. Mosher
Mr. William A. Parker	Dr. J. Herbert Waite

Mrs. William B. Snow

House Staff

Internes in Ophthalmology

Donald E. Moore, M.D.
Roland J. Viger, M.D.
Lorand V. Johnson, M.D.
Nathan E. Miles, M.D.
Paul H. Case, M.D.
S. Forrest Martin, M.D.
John T. Schnebly, M.D.

Internes in Oto-Laryngology

Lester A. Brown, M.D.
Lyman H. Heine, M.D.
Harold D. Smith, M.D.
Stanley A. Myers, M.D.
G. Gilbert Houston, M.D.
Walter L. McClintock, M.D.
Frank M. Wattles, M.D.

Executive Assistants

Helen McCaskill, R.N.
Ruth M. Hutchinson, R.N.
Walborg L. Peterson, R.N.

Superintendent of Nurses

Sally Johnson, R.N.

Assistant Superintendent of Nurses

Dorothy M. Tarbox, R.N.

Chief Social Worker

Amy G. Smith

BRIEF HISTORY OF THE MASSACHUSETTS EYE AND EAR INFIRMARY

The Massachusetts Eye and Ear Infirmary had its inception in the latter part of 1824 when Dr. Edward Reynolds and Dr. John Jeffries established a free clinic for the treatment of the eye in a small room in the Scollay Building situated in what is now the center of Scollay Square. It is the second oldest institution of its kind in the United States, the New York Eye and Ear Infirmary having been founded in 1820.

In the first sixteen months nearly 900 patients were treated, and so successful was the undertaking that in March, 1826, with the aid of friends, a public subscription was started and the Boston Eye Infirmary was formed. In 1827 it was formally incorporated as the Massachusetts Charitable Eye and Ear Infirmary (changed to the Massachusetts Eye and Ear Infirmary in 1924) and shortly moved to larger quarters at the corner of Court and Tremont Streets. The Infirmary was open from 12 to 1 o'clock for gratuitous treatment of the eye and ear. In 1827 there were reported 583 cases of eye diseases and 98 of ear diseases. The receipts were $473.62 and the expenses $333.62.

By 1836 the Infirmary was so well known that one-third of the patients came from outside of Boston and 153 towns and cities were represented. Owing to the increase in the number of patients, the Infirmary was removed in 1836 to the Salisbury Building on Summer Street, and three years later the Gore mansion on Green Street near Bowdoin Square was purchased. To enable the Infirmary to do this, the Commonwealth gave $5,000 and an additional grant of $2,000 a year, for five years. Here for the first time ward patients could be accommodated to the number of twenty. Previously they had been placed in boarding houses in the neighborhood. Facilities were provided for a school of observation, as it was called, for medical students and Dr. Jeffries gave a course of lectures at the Infirmary which was followed by lectures for six successive years by Dr. Reynolds at the Tremont Medical School. Daily clinics for students were held.

By 1849 the Gore mansion had become too small to take care of the increasing number of patients, in that year 2,000. With the aid of a generous grant from the Commonwealth and funds raised by subscriptions, property on Charles Street near Cambridge Street was purchased and a new Infirmary built and dedicated in 1850. Later a wing was added. In 1871 the Ear Department was organized and by 1876 the patients in that department numbered 2,250.

The first Charles Street building, which had housed the Infirmary for over fifty years, proved inadequate, and the Out-Patient Department was much over-crowded, with an average weekly attendance of 1,200. With the aid of a grant from the Commonwealth of $100,000, the present site was purchased and the building was completed in March, 1899. Since the last Constitutional Convention the Infirmary cannot by law receive any grant from the Commonwealth. Social Service was instituted in 1907. The Gardner Building for the treatment of contagious diseases of the eye was added shortly and in 1909 a separate building was built for the Pathological Laboratory. In the same year a Nurses' Home was built on the site of the old Infirmary, to house 94 people, and later the space formerly occupied by nurses in the Infirmary was changed into a private ward. A school for graduate and affiliated nurses which gives special training in the care of diseases of the eye, ear, nose and throat is maintained.

In the year 1922 the Laryngological Department of the Massachusetts General Hospital was granted the use of beds in the Infirmary and became a department of that institution as far as its house work was concerned.

In 1925 the surgeons of the Aural and Laryngological departments appear in one group as Oto-Laryngologists.

January 1st, 1928, the Laryngological Out-Patient Department of the Massachusetts General Hospital was taken over by the Infirmary and the relations of the Aural Department with the Laryngological Department became very close. At the same time the Out-Patient Department, though still operated by the Infirmary, was joined with that of the Massachusetts General Hospital in the new building built by the latter.

Part of the space formerly occupied by the Out-Patient Department was taken for the Howe Laboratory of Ophthalmology. This was made possible through the generosity of the late Dr. Lucien Howe, who gave $250,000 towards a fund of $500,000 given to Harvard College, the income to be used for research work. The balance of the space was given over to the Research Laboratory of the Ear, Nose and Throat Department, the X-Ray Department and the Howe Library.

Last year the Infirmary took care of 5,710 people in the public wards, 1,656 in the private wards and there were 96,784 visits to the Out-Patient Department. The active staff numbers 63 and there are 209 paid employees.

REPORT OF THE PRESIDENT

On behalf of the Board of Managers of the Massachusetts Eye and Ear Infirmary, I beg to present to the Corporation the One Hundred and Eleventh Annual Report, being for the year 1936.

By reference to the Director's financial statement it will be seen that operating expenses including extraordinary expenses increased only a little over $3,000 as compared with 1935, in spite of the fact that certain salaries were increased during the year and a larger amount was paid for insurance premiums. Fortunately extraordinary expenses were very low. Treasurer's expenses remained about the same. Hospital receipts were slightly larger than last year in spite of a decrease in the price charged for glasses, probably due to improved economic conditions. By careful control of expenses and with the generous support of contributors and the large gift from the Paul Wilde Jackson Fund, under the terms of which a similar amount of unrestricted funds was released for income, we were able to close the year without drawing on principal. With costs undoubtedly increasing and the urgent need of certain very expensive rearrangements in the plant, the outlook for 1937 is quite different. Even with the full amount alloted by the Community Federation, the budget shows a considerable loss without the needed improvements.

The number of patients and patient days in the Public Wards was about the same as last year. Visits to the Out-Patient Department were slightly less, probably due to improving conditions but still sufficiently large, 96,784, about 320 a day, and as usual about 30% were free, counting the combined department, Massachusetts General Hospital and Massachusetts Eye and Ear Infirmary. While the percentage of actually free patients in the Public Wards was slightly larger than last year, if the total amount received for board is taken into consideration, it would be the same as if 37% of the patients paid nothing and the balance full rates, which is slightly lower than it was last year. Patients pay what they can afford from nothing to full rates.

Only by a careful reading of the reports of the different departments can one obtain an idea of the many activities which are carried on at the Infirmary. In almost all cases further increase and improvements are hindered by lack of funds. We wish to call attention to the amount of very necessary and useful work which is carried on by the Ladies' Visiting Committee on a comparatively small budget, raised incidentally by the Committee. This work is accomplished only by the unselfish work of the members of the Committee for which the Managers are deeply grateful.

During the year Mr. William C. Endicott died. He had been a member of the Board of Managers since 1903, the second oldest in point of service, and had given many years of useful service to the Infirmary. Three members of the Consulting Staff died during the year: Dr. H. Beckles Chandler, who served on the Active Staff from 1880 to 1918 when he became a Consulting Surgeon in Ophthalmology; Dr. William F. Knowles, who served on the Active Staff from 1903 to 1923 when he became Consulting Surgeon in Oto-Laryngology; and Dr. Frederic C. Cobb, who had been Consulting Surgeon in Oto-Laryngology since 1926. Dr. Hugo B. C. Riemer, who had been connected with the Infirmary since 1918, retired on account of age limit and was appointed Consulting Surgeon in Ophthalmology.

The Managers gratefully acknowledge bequests received during the year from the estates of Joseph B. Glover, George Green Cook, Lucy H. Eaton, Lucy Newcomb, Martha H. Brooks, Emily L. Sohier, Elizabeth R. Stevens and Helen C. Butterfield.

The Board of Managers desire to record their deep appreciation of the unselfish service of the Staff and employees to which is mainly due the continued growth and efficiency of the Infirmary.

R. G. Fessenden,
President.

REPORT OF THE TREASURER

Statement of Income—Receipts and Disbursements

for the year ending December 31, 1936

Hospital Receipts:				
As per Director's Financial Statement (page 30)				$341,430.53
Less:				
Hospital Operating Disbursements:				
as per Director's Financial Statement (page 30)				
General		$419,005.58		
Social Service		16,880.05	$435,885.63	
Treasurer's Disbursements:				
Auditing, bookkeeping and custody of securities		$1,663.83		
Insurance		239.12		
Miscellaneous		3,108.29	5,011.24	
Total Ordinary Disbursements				440,896.87
Excess of Ordinary Disbursements over Hospital Receipts				$ 99,466.34
Deduct:				
Other Income Receipts:				
Total income from Investment Securities		$77,186.44		
Less:				
One-half income from F. E. Weber Fund — added to Principal	$65.22			
Income from Fund for Maintenance of Gardner Building — added to Principal	678.28			
Balance of income accrued to Aural Surgeons' Fund —not expended — added to Principal	54.15			
Income from George Strong Derby Memorial Fund—unexpended	437.27	1,234.92	$75,951.52	
*Contributions for general purposes			$1,770.00	

REPORT OF THE TREASURER (*Continued*)

Miscellaneous Income:			
From the Committee of the Permanent Charity Fund, Inc.	$1,000.00		
From the Emergency Campaign of 1935	338.07		
From the Community Federation of Boston, 1936	1,250.00		
Transfer from Principal Cash—General, to Income Cash—General, in accordance with terms of gift received in December, 1935, from the Trustees of the Paul Wilde Jackson Fund	25,500.00		
From the Estate of Joseph B. Glover	300.73		
From the Estate of George Green Cook	3.76		
From the Estate of Charles G. Greene	250.31		
From the Estate of Elisha V. Ashton	2,100.00		
From the Estate of Helen C. Butterfield	63.30		
From the Estate of Martha H. Brooks	47.77		
Transfer from Special Purpose Funds	4,448.16	$35,302.10	$113,023.62
Excess of Income Receipts over Ordinary Disbursements—for the Year Ending December 31, 1936			$13,557.28
Deduct:			
Extraordinary Expenses:			
Steam Heating System		$809.41	
Cleaners' closet in basement		17.91	827.32
Balance—Excess of Income Receipts Over Total Disbursements—for the Year Ending December 31, 1936—Transferred to General Fund			$12,729.96

JAMES DEAN,
Treasurer.

Patterson, Teele and Dennis,
Auditors.

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*There were also contributions for various special purposes amounting to $3,221.20 (including $2,580.28 for Social Service), which have been added to principal of Special Purpose Funds.

INVESTMENT SECURITIES

December 31, 1936

BONDS	
$36,000	U. S. Treasury Notes, 2½%, September 15, 1938
5,000	U. S. Treasury Notes, 2⅛%, June 15, 1939
25,000	U. S. Treasury Notes, 1½%, June 15, 1940
5,000	U. S. Treasury Notes, 1½%, March 15, 1941
10,000	U. S. Treasury Notes, 1⅜%, June 15, 1941
10,000	U. S. Treasury Bonds, 3¼%, August 1, 1941
62,000	U. S. Treasury Bonds, 3¼%, October 15, 1945
20,000	U. S. Treasury Bonds, 2¾%, September 15, 1947
10,000	U. S. Treasury Bonds, 3%, June 15, 1948
5,000	U. S. Treasury Bonds, 2¾%, March 15, 1951
35,000	U. S. Treasury Bonds, 2¾%, June 15, 1954
5,000	U. S. Treasury Bonds, 2¾%, September 15, 1959
7,000	U. S. Treasury Bonds, 2⅞%, March 15, 1960
20,000	Albany & Susquehanna Railroad registered 3½s 1946
15,000	American Telephone & Telegraph Company 5½s 1943
10,000	American Telephone & Telegraph Company 3¼s 1966
9,000	Appalachian Power Company 1st 5s 1941
20,000	Atchison, Topeka & Santa Fe Railway Co. General 4s 1995
10,000	Belgium, Kingdom of, 6½s 1949
15,000	Blackstone Valley Gas & Electric Company 4s 1965
10,000	Boston & Albany Railroad 4½s 1943
10,000	Boston Terminal Company registered 3½s 1947
14,000	Boston & Maine Railroad Series "V" 5s 1942
1,000	Boston & Maine Railroad Series "Z" 5s 1943
9,000	Boston & Maine Railroad Series "AA" 5s 1944
1,000	Boston & Maine Railroad Series "DD" 5s 1945
3,000	Bush Terminal Buildings Company 1st 5s 1960
10,000	Butte Electric & Power Company 1st 5s 1951
10,000	California Gas & Electric Co. Unif. & Ref. 5s 1937
20,000	Canada, Dominion of, 3¼s 1961
25,000	Canadian Pacific Railway Company Equipment Trust 5s 1944
10,000	Chesapeake & Ohio Railway Company General 4½s 1992
20,000	Chicago, Burlington & Quincy Railroad 1st & Ref. 4½s 1977
8,500	Chicago City Railway Company 1st 5s 1927 (C/D)
25,000	Chicago Junction Railways & Union Stock Yards 4s 1940
1,000	Chicago Junction Railways & Union Stock Yards 5s 1940
25,000	Chicago & Northwestern Railway Company 4¾s 1949
20,000	Cincinnati Union Terminal Company 5s 1957
20,000	Florida Power & Light Company 1st 5s 1954
25,000	General Motors Acceptance Corporation Note, January 27, 1937
25,000	General Motors Acceptance Corporation Note, February 10, 1937
5,000	General Motors Acceptance Corporation debenture 3s 1946
10,000	General Motors Acceptance Corporation debenture 3¼s 1951
10,000	Georgia Power Company 1st & Refunding 5s 1967
20,000	Hudson & Manhattan Railroad Company 1st 5s 1957
20,000	Illinois Power & Light Company 1st & Refunding 5s 1956
20,000	Illinois Steel Company debenture 4½s 1940

10,000	Inland Steel Company 1st 3¾s 1961
15,000	Jacksonville Terminal Company Ref. & Ext. 5s 1967
15,000	Lake Shore & Michigan Southern Railway Company registered 3½s 1997
10,000	Long Island Railroad Company refunding 4s 1949
20,000	Long Island Railroad Company Unified 4s 1949
20,000	Los Angeles Gas & Electric Corporation 1st & General 4s 1970
7,000	Louisville & Jeffersonville Bridge Company 4s 1945
15,000	Maine Central Railroad 1st 4s 1945
10,000	Memphis Power & Light Company 1st refunding 5s 1948
10,000	Michigan Central Railroad Company 1st 3½s 1952
10,000	Mississippi River Power Company 1st 5s 1951
20,000	Missouri Pacific Railroad Company 1st & Refunding 5s 1977 (C/D)
14,000	National Steel Corporation 1st 4s 1965
10,000	Newton, City of, registered 4¼s 1937
10,000	Newton, City of, registered 4¼s 1938
10,000	Newton, City of, registered 4¼s 1939
4,000	Newton, City of, registered 4¼s 1940
2,000	Newton, City of, registered 4¼s 1941
15,000	New York Central & Hudson River R. R., Michigan Central 3½s 1998
4,000	New York, New Haven & Hartford Railroad 3½s 1947
25,000	New York, New Haven & Hartford Railroad Conv. Deb. 6s 1948
15,000	Northern Pacific Railway Company, General Lien & Land Grant 3s 2047
20,000	Pacific Gas & Electric Company General & Refunding 5s 1942
35,000	Pennsylvania Power & Light Company 1st 4½s 1981
10,000	Pennsylvania Glass Sand Corporation 4½s 1960
15,000	Pennsylvania Railroad 4¼s 1981
15,000	Rochester Gas & Electric Corporation 5s 1962
10,000	St. Johnsbury & Lake Champlain Railroad Company 1st 5s 1944
10,000	St. Paul Union Depot Company 1st Refunding 5s 1972
20,000	Safe Harbor Water Power Corporation 4½s 1979
20,000	Shell Union Oil Corporation 3½s 1951
20,000	Socony-Vacuum Oil Company Debenture 3½s 1950
10,000	Southern Bell Telephone & Telegraph Company 1st 5s 1941
20,000	Southern Pacific Company 4½s 1969
10,000	Toronto, City of, 5s 1938
35,000	Union Electric Light & Power Company 5s 1957
20,000	Utah Power & Light Company 1st 5s 1944
15,000	Virginia Electric & Power Company 1st & Refunding 4s 1955
15,000	Washington Water Power Company 1st & General 5s 1960
15,000	Western Massachusetts Companies 3¼s 1946
10,000	Western Union Telegraph Company 5s 1960
15,000	Youngstown Sheet & Tube Company 1st 4s 1961

MORTGAGE NOTE

One-fourth interest in $2,240 Mortgage Note of C. B. Heckman due May 22, 1940 on property at 65 Natasco Avenue, Hull, Massachusetts

STOCKS

250 shares Algonquin Printing Company
100 shares American Can Company, common
100 shares American Smelting & Refining Company, 6% 2nd preferred
150 shares American Sugar Refining Company, preferred
400 shares American Telephone & Telegraph Company
204 shares Atchison, Topeka & Santa Fe Railway Company, common
200 shares Borden Company, common
100 shares Boston Real Estate Trust
16 shares Boston & Maine Railroad Company, 1st preferred "A"
32 shares Boston & Maine Railroad Company, 6% preferred
100 shares Chicago Junction Railways & Union Stock Yards Company, preferred
200 shares Cleveland Electric Illuminating Company, $4.50 preferred
200 shares Consolidated Edison Company of New York, common
200 shares Consolidated Edison Company of New York, $5.00 preferred
150 shares Consolidated Gas, Electric Light & Power Co. of Baltimore, common
25 shares Dwelling House Associates
100 shares Edison Electric Illuminating Company of Boston
100 shares Electric Bond & Share Company, preferred
12 shares Fall River Laundry Company
218 shares First National Bank of Boston
500 shares General Electric Company, common
100 shares General Motors Corporation, common
100 shares Hartford Fire Insurance Company
100 shares Liggett & Myers Tobacco Company, common
100 shares Ludlow Manufacturing Associates
200 shares National Biscuit Company, common
188 shares National Shawmut Bank of Boston
100 shares New England Telephone & Telegraph Company
200 shares New York Central Railroad Company
200 shares Pennsylvania Railroad Company
214 shares Phillips Petroleum Company
150 shares Phoenix Insurance Company
200 shares Procter & Gamble Company, common
100 shares Public Service Corporation of New Jersey, $5.00 preferred
200 shares Southern Railway Company, preferred
200 shares Standard Oil Company of New Jersey
90 shares Stevens Manufacturing Company, preferred
180 shares Tacoma Railway & Power Company
100 shares Union Pacific Railroad Company, common
200 shares United Fruit Company
200 shares United Shoe Machinery Corporation, common
100 shares United States Steel Corporation, common
300 shares United States Steel Corporation, preferred

Securities Held for Weber Fund

BONDS	
$1,000	U. S. Treasury Notes, 2½%, September 15, 1938
5,000	U. S. Treasury Notes, 1½%, March 15, 1939
500	U. S. Treasury Bonds, 3¼%, October 15, 1945
500	U. S. Treasury Bonds, 2⅞%, March 15, 1960

The Managers gratefully acknowledge receipt of the following legacies during the year 1936:

Estate of Joseph B. Glover	$ 286.58*
Estate of George Green Cook	26.24
Estate of Lucy H. Eaton	2,500.00
Estate of Lucy Newcomb	250.00
Estate of Martha H. Brooks	10,900.36
Estate of Emily L. Sohier	3,000.00**
Estate of Elizabeth R. Stevens	114.62*
Estate of Helen C. Butterfield	705.35

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*These amounts have been added to the Permanent Funds, Income for General purposes.

**This amount has been added to the George Strong Derby Memorial Fund, a Permanent Fund, Income for Special Purpose.

RESTRICTED FUNDS

December 31, 1936

1850	Bequest under will of John Bromfield	$10,000.00
1871	Bequest under will of Nabby Joy	10,000.00
1876	Bequest under will of Susan T. Gray	1,000.00
1882	Berkshire Fund	5,000.00
1882	Nathaniel Thayer Fund	54,570.00
1887	Bequest under will of Richard Perkins	10,000.00
1889	Bequest under will of Elisha T. Loring	3,500.00
1892	Bequest under will of J. Huntington Wolcott	1,500.00
1895	Bequest under will of Samuel E. Sawyer	2,382.20
1896/7	Ann White Vose Fund	18,591.54
1898	Bequest under will of Henry L. Pierce	20,000.00
1898	John W. and Belinda L. Randall Fund	30,000.00
1898	Weber Fund	8,351.01
1899	Theodore Chase Memorial Fund	2,500.00
1901	Aural Surgeons Fund	15,977.27
1901	Bequest under will of Henry Saltonstall	10,000.00
1907	Adelaid Lecompte Spalding Fund	25,000.00

1909	Bequest under will of Frederick R. Sears	20,000.00
1912	Julia M. Moseley Fund	6,190.47
1912	The Fund for Maintenance of Gardner Building	17,430.80
1912	Social Service Fund	5,000.00
1914/15	Bequest under will of William S. Hills	10,000.00
1915	Bequest under will of Harriett Otis Cruft	10,000.00
1921	Bequest under will of Clara B. Kimball	1,050.00
1921	Bequest under will of Charles Frederick Smith	8,663.00
1923	Charles B. R. Hazeltine Fund	10,000.00
1923	Harriet S. Hazeltine Fund	3,000.00
1923	Bequest under will of William F. Watson	6,000.00
1924	Bequest under will of Joseph B. Glover	28,936.58
1924	Bequest under will of Anna P. Rogers	10,000.00
1927	Alice Lee Thomas Stevenson Fund	10,000.00
1927	Charles C. Ely Fund	5,000.00
1927	Dr. E. H. Bradford Fund	1,000.00
1927	Levina B. Urbino Fund	500.00
1927	Walter C. Lewis Fund	25,000.00
1928	Mary Lowell Stone Fund	2,450.00
1931/2	George C. Pierce Fund	34,251.95
1931/6	Bequest under will of Elizabeth R. Stevens	538,654.99
1932/6	George Strong Derby Memorial Fund	13,050.10
1934	Hannah H. Kimball Fund	1,000.00
1935	Henry Clay Jackson Fund	25,500.00

REPORT OF THE LADIES' VISITING COMMITTEE

The purpose of this Committee is to assist the Board of Managers and physicians of the hospital in maintaining and furthering the welfare of the patients and nurses. In retrospect, the results of our effort during the year 1936 are a source of considerable satisfaction to us all.

The weekly visits of designated members have continued as usual. These visitors have been called upon to read, write letters, discuss individual problems and otherwise attempt to improve the morale of the patients, services that are particularly appreciated by the eye ward patients. One Committee member has continued to donate the services of a reader for one morning a week.

During the year, the Committee refurnished and decorated the small reception room in the Nurses' Home; purchased a new gas and oxygen machine for the Laryngological Service; completed the installation of bedside curtains in the wards throughout the Infirmary, furnishing a privacy much enjoyed by the patients; and supplied several new Gatch beds. An electric dish washer was installed in the Private Ward and several new deck chairs were procured for the sun room.

Many gifts were made through the generosity of individual members among which are: an electric refrigerator for the Private Ward, a sewing machine for the Occupational Therapy Department, a chess board, playing cards, flowers and plants, and numerous minor but much appreciated gifts for the Public Wards. Many toys, dolls and games, were supplied for the Children's Ward. Daily and Sunday newspaper subscriptions were continued for the Nurses' Home.

The Committee increased the annual budget of the Occupational Therapy Department, which has been used in the past for magazines, supplies and incidental expenses, to include the amount necessary to start a small class in Braille for patients who have a very imperfect vision but more sight than entitles them to instructions by organized groups. The regular Occupational Therapy worker was sent to the Occupational Therapy meeting in New York and Philadelphia and in addition a substitute Occupational Therapy worker was engaged for the vacation period. We continued to maintain the annual budget for breast milk for hospitalized infants and made minor contributions to the Social Service Department. The Committee also made a generous contribution to a fund to purchase artificial larynges for needy patients who have had a complete laryngectomy and who without such an appliance would be unable to speak. Most of the accomplishments mentioned above have been possible only because of the generous response by friends of the Infirmary to our appeals for rummage for our annual rummage sale. This sale added $1,380.22 to our income for this year and we take this opportunity to express our thanks to those contributors and other friends of the Infirmary who worked so hard to make the sale a success.

November 12th, was open house at the Infirmary and the Committee served tea to more than sixty guests who were most appreciative of the opportunity to visit the Infirmary.

The Occupational Therapy Department supplied favors for the patients during the holiday season and decorated the Infirmary in keeping with the Christmas spirit. The Christmas tree for the yard was furnished by one of the members and others sent candy and flowers. The Committee donated the funds for a Christmas party at the Nurses' Home.

During the year a junior group of provisional members was added to our Committee; these young people have evidenced sincere interest in the work of the Committee and we are happy to have them with us.

We wish to thank Misses Robertson and Tarbox for their constant and cheerful coöperation. We are indeed most appreciative of the excellent work being done so capably by Miss Smith and the Social Service Department and we wish to commend Miss Wade for her untiring enthusiasm in carrying on the Occupational Therapy work under the most trying conditions.

We are looking forward to the coming year with the hope that such contributions as we are able to make may be of still greater value to the staff and patients of the Infirmary.

Helen M. Sargent,

Chairman Ladies' Visiting Committee.

REPORT OF THE DIRECTOR

To the Managers:

Gentlemen: I have the honor to submit the report of the Director for the year 1936. "Happy are the people whose history is brief". There is little to report this year. The Massachusetts Eye and Ear Infirmary continues to furnish through its Staff and organization, service in Ophthalmology, Otology, and Laryngology. Blindness, deafness and affections of the throat, are afflictions which are regarded with particular dread. Consequently an institution where relief from these conditions may be had is a comfort and asset to any community. For one hundred and eleven years the Massachusetts Eye and Ear Infirmary has served this need.

The number of patients in the wards, the private ward, and the Out-Patient Department, has not varied materially from that of last year. The expenses increased slightly but so did income so that the operating deficit was about $500 less than last year. Attention is called to the financial and statistical tables.

On April 1, restoration of 50% of the salary and wage cut made necessary by economic conditions in 1932 was made, an act appreciated by all employees.

On July 1, a reduction in the price of lenses and frames provided by the optical department in the Out-Patient Department was authorized.

The Director here expresses his thanks to the Ladies' Visiting Committee for their continued interest and the many gifts that the Committee and individual members have made. A list is contained in their report. In addition we have received five new chairs for the private ward through the generosity of Mr. Charles P. Curtis, and a new operating table as a gift from Mrs. Richard C. Curtis.

The following changes in the Staff should be noted:

William C. Endicott, Manager since February 3, 1903, died November 3, 1936.

H. Beckles Chandler, Consulting Surgeon in Ophthalmology, died October 7, 1936; 1880-Ophthalmic and Aural externe; February 6, 1883-January 1885, Assistant to Surgeon; February 2, 1886-1897, Assistant Surgeon; October 28, 1897-October 31, 1918, Surgeon; October 31, 1918 - Consulting Surgeon.

Frederic C. Cobb, Consulting Surgeon in Oto-Laryngology, died October 2, 1936; February 8, 1926, Consulting Aural Surgeon.

William F. Knowles, Consulting Surgeon in Oto-Laryngology, died February 12, 1936; October 31, 1907, Assistant Aural Surgeon; October 26, 1916, Aural Surgeon; October 26, 1923, Consulting Aural Surgeon.

Hugo B. C. Riemer, Surgeon in Ophthalmology, was retired April 13, 1936, due to the age limit. April 23, 1918, Clinical Assistant; May 3, 1921, Assistant Surgeon; February 11, 1929, Associate Surgeon; May 11, 1931, Surgeon; April 13, 1936, Consulting Surgeon.

Brendan D. Leahey, a Clincial Assistant in Ophthalmology, appointed Assistant Surgeon in Ophthalmology on April 13, 1936.

Mahlon T. Easton, appointed Clinical Assistant in Ophthalmology on April 6, 1936.

Elizabeth DeBlois, appointed Clinical Assistant in Oto-Laryngology on November 16, 1936.

Charles I. Johnson, a Clinical Assistant in Oto-Laryngology, appointed Assistant Surgeon in Oto-Laryngology on December 14, 1936.

The Annual Dinner of the Alumnae and Staff was held at the Men's City Club on the evening of November 18th, and attended by 101 members.

New presses have been installed in the laundry and certain rearrangements have been made which have increased its efficiency. The doorway to the balcony on the second floor has been widened so that beds may now be moved to the balcony.

Workmen's Compensation Act Patients

Since its foundation the Massachusetts Eye and Ear Infirmary has cared for patients without regard to their financial condition. Each patient paid what he or she could; all were cared for. The doctors on the Staff have given their services without charge to all ward patients. Each patient was an individual and was treated as such from all angles.

Employees of companies accepting the provisions of the Workmen's Compensation Act, by this act, form a special group of persons whose medical and hospital care is controlled as far as specific charges and total costs are concerned, by the Industrial Accident Board. The admission of a Workmen's Compensation Act patient therefore, has none of the personal elements in it that are considered when the patient enters as an individual. In one case the patient's medical and hospital bill is paid by an insurance company at rates fixed by the Industrial Accident Board. In the other case the hospital executive ascertains the financial, social, economic, family and medical situation and admits the patient at a rate determined by these factors. One is an impersonal transaction, the other a personal.

These patients, if they applied as individuals, would be admitted usually to the public wards, not the private wards of the Massachusetts Eye and Ear Infirmary. As such they would be entitled to free medical care by the Staff. The Workmen's Compensation Act, however, contemplates that physicians should receive medical fees, upon the approval of the Industrial Accident Board.

Therefore it was voted on December 14, 1936, that Workmen's Compensation Act patients shall be admitted to the public wards of the Massachusetts Eye and Ear Infirmary and that Staff physicians be allowed to charge professional fees for the care of such patients. Staff physicians shall submit these charges to Insurance Companies upon their personal bill heads but shall notify the hospital of the amount of these charges.

Considerable attention has been given towards rearrangement of the various operating rooms or the construction of a new operating floor but no definite plans have been adopted as yet.

The Infirmary continues to be indebted to the President of the Board, Mr. Russell G. Fessenden, for his interest and wise guidance of its affairs. He has given most generously of his time and energy.

NATHANIEL W. FAXON, M.D.,
Director.

DIRECTOR'S FINANCIAL STATEMENT

January 1, 1936 to January 1, 1937

OPERATING EXPENSES	1936	1935
Salaries and Wages		
Administration, Officers and Clerks	$28,427.93	$27,357.90
Telephone Operators	1,394.90	1,427.38
Physicians and Surgeons	6,475.40	6,254.00
Superintendent of Nurses, Assistants and Instructors	3,844.24	3,773.14
Nurses	43,345.50	40,396.72
Post Graduate Nurses	209.44	544.46
Pupil Nurses	210.23	255.51
Attendants and Ward Maids	14,317.27	13,692.25
Orderlies	13,611.48	13,234.23
Apothecary	3,277.54	3,256.63
X-Ray Operators and Clerks	7,375.06	7,181.79
Opticians	6,049.29	5,879.94
Refractionists	11,084.01	11,006.33
Messengers, Cleaners and Maids	5,631.89	5,524.67
Housekeeping Wages	14,757.38	14,423.82
Kitchen and Serving Room Wages	16,625.28	15,842.42
Laundry Wages	6,056.36	5,988.71
Laboratories	6,098.56	5,973.04
Social Service	12,793.27	12,065.16
Clinical Records	6,227.61	5,965.60
Maintenance of Buildings	12,494.56	13,773.47
Store	2,069.30	2,052.99
Occupational Therapy Worker and Kindergarten Worker	2,779.25	2,670.61
Miscellaneous		26.92
Total	$225,155.75	$218,567.69
Special Nurses	20,006.75	24,239.25
Total Salaries and Wages	$245,162.50	$242,806.94

OPERATING EXPENSES	1936	1935
Supplies		
General Administration Expenses	$13,706.57	$12,502.94
Clinical Records	802.05	587.31
Medical and Surgical Supplies	36,940.90	36,208.61
X-Ray Supplies	3,624.45	3,901.17
Optical Supplies	16,804.64	14,542.58
Uniforms and Equipment	953.02	599.79
Housekeeping and Kitchen Supplies	11,558.10	11,794.91
Laundry Supplies	2,239.22	3,098.20
Groceries and Provisions	53,168.52	54,644.31
Expenditures for Patients S. S. Dept.	2,434.41	2,153.15
Maintenance, Property and Power Plant	10,749.47	8,526.67
Gas	1,352.37	1,417.01
Electric Lights, Nurses Home	569.82	570.21
Heat, Light and Power	14,592.66	16,450.54
Fuel, Nurses Home	1,528.29	1,815.96
Water, Hospital Buildings	2,560.54	2,463.01
Water, Nurses Home	434.10	442.00
Carrying Charge for New O. P. D.	14,630.40	14,630.40
Miscellaneous	2,073.60	1,931.10
Total Supplies	$190,723.13	$188,279.87

DIRECTOR'S FINANCIAL STATEMENT (*Continued*)

HOSPITAL RECEIPTS	1936	1935
Board, Private Patients	$51,689.78	$52,989.08
Operating Room Fees, Private Patients	12,817.10	12,125.28
X-Rays, Private Patients	2,010.00	1,627.00
Wassermanns, Private Patients	81.00	63.00
Miscellaneous, Private Patients	193.35	172.30
Board of Ward Patients	95,724.63	88,386.29
Operating Room Fees	17,800.50	16,859.60
X-Rays	14,992.56	14,537.47
Wassermanns	510.60	623.65
Refractions	10,394.63	9,744.31
Optical	55,767.02	61,821.68
Apothecary	15,388.57	15,279.77
Admission Fees Out-Patient Dept.	32,558.58	32,834.03
Throat Room	721.35	359.00
Clinical Records	1,249.30	1,230.53
Miscellaneous	6,463.91	5,189.86
Emergency Ward	2,117.35	1,941.82
Total	$320,480.23	$315,784.67
Special Nurses—Private	18,587.80	19,256.50
Special Nurses—Ward	2,362.50	2,798.25
Total Hospital Receipts	$341,430.53	$337,839.42

SUMMARY, 12 MONTHS	1936	1935
Salaries and Wages	$245,162.50	$242,806.94
Supplies	190,723.13	188,279.87
Total Maintenance Expenses	$435,885.63	$431,086.81
Extraordinary Expenses	827.32	2,499.62
Total Hospital Expenses	$436,712.95	$433,586.43
Total Hospital Receipts	341,430.53	337,839.42
Excess of Expenses over Receipts	$95,282.42	$95,747.01

REPORT OF THE DIRECTOR

STATISTICS

January 1, 1936 to January 1, 1937

House Patients

Number of patients: Public Wards:	In Ward Jan. 1, 1936	Admitted	Treated	Remaining Dec. 31, 1936
Eye	32	2,305	2,337	59
Ear	17	525	542	27
Nose and Throat	36	2,880	2,916	45
Total	85	5,710	5,795	131
Private Ward:				
Eye	17	739	756	7
Ear	6	98	104	2
Nose and Throat	6	819	825	7
Total	29	1,656	1,685	16
Total Public and Private Wards	114	7,366	7,480	147

Average number of patients treated daily in Public Wards	121+
Average number of patients treated daily in Private Ward	28+
Average number of days patients remained in hospital	7+
*Number of days board furnished free (Public Wards)	16,612
*Number of days board paid at full rates (Public Wards)	27,746
Number of days board paid in Private Ward	10,281
Total number of patients' days	54,639

Operations

Public Ward:	Eye	2,257
	Ear, Nose and Throat	3,449
Private Ward:	Eye	661
	Ear, Nose and Throat	797
	Total	7,164

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*These figures are obtained by taking the amount of money received for board of patients in public wards and dividing that figure by the full rate of board prevalent at that time. This gives the number of paying patients, reckoned as though they were paying full rates. By subtracting this figure from the total of patients' days we get the number of free days.

Per Capita Costs and Receipts

Costs:

Per week, including special nurses, Public and Private Wards	$41.39+
Per week, not including special nurses, Public and Private Wards	38.83—
Per day, including special nurses, Public and Private Wards	5.91+
Per day, not including special nurses, Public and Private Wards	5.55—
Of food all persons	.45—

Receipts:

Including special nurses, Public Wards	2.86—
Not including special nurses, Public Wards	2.81—
Including special nurses, Private Ward	8.30+
Not including special nurses, Private Ward	6.50—
Including special nurses, Public and Private Wards	3.88+
Not including special nurses, Public and Private Wards	3.50+
On board only, Public Wards	2.16—
On board only, Private Ward	5.03—
On special fees, Public Wards (excluding board and special nurses)	.65—
On special fees, Private Ward (excluding board and special nurses)	1.47—

Public Ward patients were admitted at the following rates: 6 at $35.00; 47 at $28.00; 3,456 at $24.00; 26 at $21.00; 10 at $20.00; 11 at $18.00; 7 at $17.50; 72 at $15.00; 27 at $14.00; 333 at $12.00; 67 at $10.50; 763 at less than $10.50; 885 admitted free.

Private Ward patients were admitted at the following rates: 81 at $24.00; 1,085 at $28.00; 44 at $35.00; 2 at $42.00; 436 at $49.00; 8 at $63.00.

Condition of Public Ward Patients on Discharge

Untreated		0
Against advice		16
Died		32
Otherwise discharged		5,616
Patients' days treatment:		
(Reckoned from discharge rates)		
Paying patients	35%	15,300
Part paying patients	39%	16,867
Free patients	26%	11,443
Total		43,610

Beds:	Public	189	Private	42	Total	231
Occupied:	Public	64%	Private	66%		

Out-Patient Department

	New Patients	Revisits	Total Visits
Eye	10,835	41,360	52,195
Ear	4,937	20,736	25,673
Nose and Throat	4,105	14,811	18,918
Total	19,877	76,907	96,784

Daily average	320
Patients treated in Emergency Ward	2,897
Percentage of free visits reckoned from total number of free visits Massachusetts General Hospital and Massachusetts Eye and Ear Infirmary combined Out-Patient Department	30%

Inventories

Store-Room Inventory:	Jan. 1, 1937	Jan. 1, 1936
General Administration	$ 1,131.04	$ 1,071.31
Housekeeping and Kitchen	3,980.41	3,872.03
Canned Goods, Groceries, Etc.	2,536.19	2,235.14
Medical and Surgical	496.61	425.36
X-Ray Department	257.31	294.48
Maintenance Supplies	362.92	387.67
Optical Department Inventory	6,495.36	8,195.18
Total	$15,259.84	$16,481.17

REPORT OF THE WORK OF THE GARDNER BUILDING

January 1, 1936 to January 1, 1937

During the past year 303 patients were treated in the Gardner Building. Of these 17 were treated for gonorrheal ophthalmia neonatorium and 64 for non-gonorrheal ophthalmia neonatorum. At the time of entrance the cornea was involved in no cases of gonorrheal ophthalmia neonatorum. At the time of entrance the cornea was involved in five cases of non-gonorrheal ophthalmia neonatorum. The cornea became involved in two cases of gonorrheal ophthalmia neonatorum after admission, and in one case of non-gonorrheal ophthalmia neonatorum.

There were 10 patients treated for gonorrheal suppurative conjunctivitis and 15 for non-gonorrheal suppurative conjunctivitis. At the time of entrance the cornea was involved in four cases of non-gonorrheal suppurative conjunctivitis. At the time of entrance the cornea was involved in six cases of gonorrheal suppurative conjunctivitis and was clear on discharge. The cornea became involved in two cases of gonorrheal suppurative conjunctivitis and in one case of non-gonorrheal suppurative conjunctivitis after admission.

There were also 22 patients treated for trachoma.

Thirteen patients were transferred to Gardner Building with erysipelas and other infectious diseases which manifested themselves in the general wards of the Infirmary. Of the remaining 162, 155 were admitted with infectious diseases and 7 with a question of infectious diseases.

REPORT OF THE NURSING DEPARTMENT

January 1, 1936 to January 1, 1937

Census of the Nursing Personnel:

Assistant to Superintendent of Nurses	1
Supervisor	1
Instructor	1
Night supervisor	1
Assistant night supervisor	1
Operating room supervisor	1
Operating room head nurses	5
Chief nurse anesthetist	1
Assistant nurse anesthetists	2
Ward head nurses	6
Out-Patient Department head nurses	3
Out-Patient Department refraction nurses	2
Assistant head nurses on ward	5
General duty graduates, day and night	17
Post-Graduate student nurses	2
Affiliated student nurses	11
Total	60
Attendants	20
Orderlies	15

It seems only yesterday that the medical and administrative staffs were regretting the frequent turnover in the nursing personnel. A survey of the resignations that have taken place this year show, in contrast, comparatively long tenures of office. Of course the past economic situation, in which fewer positions were available is one reason why there have been fewer resignations. But there is another reason why nurses are remaining for longer periods of time at the Infirmary; it is a very satisfactory place in which to work. Every year brings improved working conditions as a result of reconstruction and new equipment. The result is happier workers and likewise happier patients. This explains, in part, why among the seven nurses who resigned this year, two had tenures of office of eight years and three others of seven, five and four years, respectively. Three of the group resigned to be married, one to become office nurse of a member of the medical staff, one to go into the private duty field and another to accept a position in another hospital. One is the night supervisor at the Massachusetts General Hospital.

While the hospital finances the major improvements there are gifts from many friends of the Infirmary. Among its best friends are the Ladies of the Visiting Committee who completely refurnished the graduates' sitting-room in the Nurses' Residence. The entire first floor in that building has been made much more comfortable in the winter by placing storm windows on the Charles River side. During the year the second and third floors in the Infirmary have been completely equipped with bed curtains. These not only give the patients more privacy during treatments but they contribute to better rest. The telephones in the Training School Offices and on the two large floors have been equipped with switches that are great time savers.

The number of post graduates and affiliated students is smaller. During the depression when there was less employment, graduates were more inclined to take a post graduate course than now when there is more employment and therefore opportunity to build up depleted finances. There are three reasons why there are fewer affiliated students. Because of a threatened over supply of nurses, the home schools have lowered the census of their schools and so have fewer students to send on affiliation. In certain hospitals there has been an increase in the number of patients ill with diseases of ear, nose and throat and thus, that experience for students has been available in the home school. Then too, the general hospital schools have more carefully scrutinized their curricula and have found needs for field experiences that take precedent over that offered at the Infirmary. Two of these fields are in mental and pediatric nursing.

The decrease in the number of students has necessitated increase in the number of graduate nurses. This is as it should be for the ratio of the graduates to students has been too low. This is particularly true when the students remain only two months. The addition of three graduate floor duty nurses has improved both the care of the patients and the teaching of the students. One was placed on the third floor, and the ear clinic, another divides her time between the second floor and the eye clinic, and the third makes her headquarters on Gardner Ward, going wherever the need is the greatest. This addition to the nursing staff has made it possible for the student nurses to have bi-weekly ward clinics. It is also possible for them to be on the wards at the time of day when there is most experience in caring for the newly operated patients and in assisting with the more complicated dressings. Perhaps most important of all, they are on duty for longer consecutive periods of time.

The present group of affiliated students is made up of seven from the Massachusetts General Hospital, two from the Melrose Hospital and two from the New England Deaconess Hospital. The total number from these schools who have received certificates this year is forty-three, fourteen, and twelve respectively. Certificates have been given to fourteen post graduate students. This instruction in the nursing care of patients ill with the diseases of eye, ear, nose and throat, given to a total of eighty-three students is one of the major contributions which the Infirmary makes to the community.

Early in the year Dr. Benjamin Sachs resigned as lecturer on the Anatomy and Diseases of the Eye. Dr. Sachs has given these lectures over a period of ten years. The students who have been in his classes, and they number nearly one thousand, will be glad to have me permanently record here what I have heard many of them say, namely: "Dr. Sachs is an excellent teacher". We are grateful to Dr. Sachs for this service which has been so conscientiously given.

Respectfully submitted,

SALLY JOHNSON, R.N.,
Superintendent of Nurses.

REPORT OF THE MEDICAL-SOCIAL SERVICE DEPARTMENT

An outstanding event in the year was the loan of one of our most experienced eye workers to the Colorado General Hospital, in Denver, to carry on their eye social work for seven months while a worker was being trained to take the position permanently. Miss Janet Gorton was granted a leave of absence and went to Denver in July 1936. She will return to her old position in our department in February 1937. The eye staff at the Colorado General Hospital has been enthusiastic about Miss Gorton's work and she has enjoyed a new setting and seeing new methods which differ somewhat from our own. This custom of a social service department loaning a worker to another hospital social service, should be encouraged. Any inconvenience brought about through the absence of a worker for a limited length of time can be bridged over without loss to the work. The benefits to be gained by this exchange more than compensate for the temporary inconvenience. Enrichment to a worker is sure to come from this experience and it makes for added value in her services.

Observation and study of our patients during the year have made us aware that there is less economic strain among them as a whole than formerly. It is the ordinary event now for them to meet with readiness some fraction of their indebtedness in the cost of medical apparatus. Some few are in dire straits, owing to long continued physical ailments but in the main the economic problem has shifted. It is in the middle class status of patients that one more frequently sees people who are finding it difficult or impossible to return to their former higher standards of living, and who feel the pinch, though not in actual want for necessities.

We have been fortunate in obtaining adequate funds this year to meet the greater number of needs arising among our Social Service patients. A more generous grant from the Permanent Charity Fund, Inc., came to us, an increase in the allocation from the Community Fund and a good contribution for glasses, so these have carried us through. The Ladies' Visiting Committee has recently made possible the beginning of a fund for the assistance in purchasing an artificial larynx necessary for speech, to those patients who have had the larynx removed. This is a comparatively new invention and naturally there are difficulties inherent in the use of it, but to him who has lost his power of natural speech and who can learn to use it, it is a Godsend. It is expensive as a small apparatus goes, but through the coöperation of the New England Telephone and Telegraph Company and with the careful handling of the small fund, the purchase is not prohibitive for the few patients we have who need it.

A department that needs must make complicated adjustments in helping patients procure their glasses becomes too money conscious, when that number runs into 700, yet this is a necessary condition attending careful decisions in order to stretch resources as far as they will go, also to enable patients to discharge a certain part of their indebtedness by small sums frequently paid. The exigencies of the situation take their toll from time that could be allotted to case work study legitimately expected from members of the staff. This is more the pity because the latter labor is essential in a social service department where one of the aims is the growth and development of the workers in order to more fully understand and meet the patients' needs. It is important for the person who needs glasses to have them; their comfort, health and daily work are at stake and they are infinitely benefited by having proper glasses. It is imperative that children with certain eye diagnoses should have glasses to prevent handicapped vision later on. At times much deeper problems are brought to light through the interviews of how glasses are to be paid for. But it is the quantity of these glass cases that seems to disturb some equilibrium or proportion of services to patients, especially as the majority have a purely economic basis. May the economic pendulum swing back so far as to allow our present glass load to be reduced to one third its number.

Looking back over the year, it is gratifying to realize how good the coöperation is between the department and community agencies. An old report of some fifteen years ago stressed the point that more effort must be put into the building up better and more extensive coöperative service with outside agencies, private agencies, boards of health and all those groups who do special work in the community. Today this good coöperation seems so much a matter of course that one wonders how it could have been otherwise. It has been said that all that is really needed for good coöperation between agencies is "good manners". By this token one would come to believe that many of us must have excellent manners.

We have worked with 1322 children under 14 years of age this year. The glaucoma patients have numbered over 1000 but they are included with the medical follow-up group of 1860.

The following tables will give some idea in figures of the year's work:

Services secured through Community Agencies:			
Nurses sent into the home		228	
Dietitians sent into the home		15	
Sanatoria, other hospitals, local doctors and clinics used		236	
Convalescent, Rest and Vacation homes used		39	
Material relief, food or clothing		52	
Industrial adjustments		30	
Educational or School Adjustments		245	
Children's agencies		13	
Transportation of number of patients		36	
Settlement and Churches		4	
Correctional departments and Legal Aid		3	
Miscellaneous		24	
Total number of glasses secured by patients through Social Service including 24 artificial eyes		814	
Cost of these glasses and eyes			$3,606.81
Social Service paid	$1,014.24		
Patients paid	939.77		

Community agencies, other hospitals and friends paid	$871.60	
Community Fund paid	781.20	
Number of patients who paid part or total cost of their glasses		351
Cases brought forward		270
New and recurrent recorded cases		566
Steering cases		248
Medical follow-up cases		1,860
General unrecorded work		1,020
Total number of patients for whom some Social Service was rendered		3,964
Patients referred to Division of the Blind		233
Children with definite hearing loss reported to schools		144
Children admitted to schools for deaf mutes		12
Visits to homes and agencies in behalf of patients		1,070

Respectfully submitted,

AMY G. SMITH,
Chief Medical-Social Worker.

REPORT OF THE DIETARY DEPARTMENT

During the year 1936, 3,337 special diets were served making a daily average of nine. 1,073 of these were diabetic and the remainder was divided among 47 different types. Dietary instructions and discharge diets were given when necessary.

By the addition of a part-time man and a full-time waitress, we were able to give the employees in the department a day off each week; something which they had never had and which was appreciated by all.

Several much needed pieces of equipment were purchased during the year. In March, two new Magic Chef Gas Ranges were installed in the kitchen. These, with insulated ovens and oven regulators, make possible quite a saving in gas consumption. An all stainless steel thermos urn for serving beverages was obtained for the Third floor. A combination coffee and hot water urn for making coffee and tea is on order for the Nurses' Dining Room as well as a heated food truck and dish cabinet for the Doctors' Dining Room.

On November 12, the Infirmary held "Open House". After a tour of the hospital, the dietary department, assisted by the Ladies' Visiting Committee, served tea, sandwiches and cakes.

On November 19, a Buffet Luncheon was served to 200 guests at the House Officers' Alumni Reunion in the Ear Clinic.

The regular three weeks course of instruction for Student Dietitians has been carried on as usual, in conjunction with the Massachusetts General Hospital—15 students having been instructed during the year.

Respectfully submitted,

Eunice V. Cox,
Dietitian.

REPORT OF THE OCCUPATIONAL THERAPY DEPARTMENT

While the year 1936 brought no outstanding changes in the regular routine of the Department it marks the start of a new era in the life of the hospital—namely, the beginning of Occupational Therapy in the Out-Patient Department. The teaching of Braille to those patients whose vision is less than normal but who have less than the 90% loss which is necessary before they are reportable to the Division of the Blind for visiting by the Home Teacher.

For a number of years we have felt very strongly that the urgent need of these adults was not being met. There seemed to be no one to fill this need but the therapist. Unfortunately, however, it has been heretofore impossible to cover the clinic as well as filling the two posts of Occupational Therapist and Patients' Librarian. We are therefore most fortunate and heartily grateful to Miss Marion Lerner for her volunteer services in the teaching of Braille to these patients. Having had but one tenth vision herself since babyhood, she has a keen insight into the problems of those who are facing blindness after having enjoyed good sight for many years. The patient, in turn, senses the situation and is encouraged by the thought that if she is able to do so much with so little vision, they too may be able to more quickly overcome their terrific handicap to a degree never before realized.

It is to be sincerely hoped that this fine work may be continued and that it may progress to reach all of those newly blind who are eligible to be in this group. Through the coöperation of the Ophthalmological Staff and the Social Service Department the patients are promptly referred to us, but our volunteer cannot go on without some compensation.

Now that the American Medical Association has recognized and accepted Occupational Therapy as an allied profession and has set up minimum standards of training for the students which include a three year course with five types of hospital service as required training centers for the second year, namely: general, mental, orthopedic, pediatric, and tuberculosis, it will no doubt mean a curtailment of the activities in this Department of this special type hospital, since we are not included in the list of required hospitals. We are hoping to be able to make some arrangement whereby we may have the students affiliate with those at the Massachusetts General Hospital for certain lectures, clinics, and other required activities. This can only be worked out after much careful study and consideration of the needs of the two departments. While it has been an added responsibility to an already very full program the training of students from the Boston School of Occupational Therapy has been a great help in many ways and will be keenly missed if discontinued.

In November two new members of the Junior League, Miss Ann Soule and Miss Madeline Jackson, started as volunteers each giving one afternoon a week. In December we had to call upon two now-and-then volunteers, Miss Grace Madden and Miss Frances Place, who work in the clinic every morning. During her vacation from college Miss Helene Kazanjian very kindly gave three intensive last-days-before-Christmas and made an amusing and very well executed poster for a wall in the women's ward. Thus, with but one student and these volunteers, we were able to make the necessary 150 Christmas lanterns and other decorations for the wards.

Respectfully submitted,

Helen K. Wade, O.T.Reg.,
Occupational Therapist.

REPORT OF THE PATHOLOGICAL LABORATORY

It has been possible to enlarge the working space of the laboratory by changing the location of some radiators. This increased space has permitted the installation of two more laboratory tables so that the resident staff can study microscopic tissues simultaneously. Addition of blackboard and screen for projection of lantern slides gives class room conveniences for instruction.

An exhibit of eye pathology was arranged. It is composed of drawings, diagrams, and enlarged photographic prints from the lantern slide library of the laboratory. The exhibit deals with glaucoma, eye tumors, cataracts, and diseases of cornea, retina and optic nerve. This has been used at Harvard Tercentenary, the 1936 meeting of the Academy of Ophthalmology and Otolaryngology and is still on exhibit at the laboratory.

Dr. Terry is conducting some experimental work on papilloedema and glaucomatous cupping.

Dr. McLean, of Wilmer Institute has been doing some volunteer work in the investigation of silver stain of retinal tumors.

Most noteworthy among the interesting and rare specimens are two of Lindau's disease. These specimens are being studied in detail for report.

Another unusually interesting specimen is an abnormal arteriovenous communication involving the angular vein.

The silver reticulum stain of Wilder is being used in all current malignant melanomata of the uveal tract and as time permits, this stain is also being used to study older tumor tissues already on hand. This method of staining according to Callender is of great value in determining the degree of malignancy of these tumors.

Respectfully submitted,

THEODORE L. TERRY, M.D.,
Pathologist.

REPORT OF THE HOWE LABORATORY OF OPHTHALMOLOGY

Dr. Keeler during the past year has spent most of his time in preparing Scientific Exhibits for the Harvard Tercentenary. He was appointed a member of the Exhibits Committee and had personal charge of the preparation of demonstrations representing the Arnold Arboretum and the Bussey Institution. Seven exhibits were completely prepared by him. He also assisted in the preparation of the exhibit on Microscopic Structure of Cell Walls in Plants and assembled the information employed in the descriptive folder distributed to visitors. In addition he prepared a moving picture showing genetic characters of the house mouse with special reference to human parallels.

A survey of Human Genetics and the status of research in the field of Medico-genetics was prepared by him for the report to be published by the Federal Committee on Population Problems. During August and September he collected Asiatic mice in furtherance of his breeding experiments, and visited genetic laboratories in Shanghai, Nanking, Peiping, Kyoto and Tokyo.

This fall has been a period of transition for Dr. Keeler in his laboratory work due to the discontinuance of the Bussey Institution which for eight years accorded him the courtesy of office space and laboratory breeding facilities for mice and rabbits. Temporary arrangements provide for a greatly reduced mouse colony in the Animal Farm of the Medical School, but no provision has been made yet for rabbit breeding.

Because of lack of facilities for rabbit breeding, Dr. Keeler has arranged to continue his studies of the synthetic immunological constitution of rabbits provided by the seven inherited blood group glutinogens, in collaboration with Drs. Swain and Stewart of Brown University, who have a small rabbit breeding colony at their disposal.

Dr. Keeler has begun an investigation having to do with the possibility of developing malignant tumors from the pigment cells within the eye. To induce tumor formation he is employing injections of dibenzanthracene crystals. By using highly inbred strains of mice, he hopes to be able to perpetuate tumors once started. Thus far he has injected 108 eyes of mice, and tumors appear to be developing in the eyes of two mice two months after the injections. In two rabbits, by injections into the anterior chamber he obtained leucotic tumors the exact nature of which has not yet been determined.

Dr. Keeler is still collecting data on the hereditary factors in diabetes mellitus, ocular anomalies, and mental disorders.

A survey of the field of Blood Groups in Rabbits and Their Inheritance was prepared by Dr. Keeler as a request paper for the V1 Internationale Gefluegelkongress at Leipzig.

A note was published by him on the synthesizing of a Siamese-Persian breed resulting from his study of the inheritance of eye pigmentation in the albinistic Siamese Cat.

A study of headdot spotting in the mouse, by Dr. Keeler in collaboration with Dr. Hubert D. Goodale, was completed and reported.

Dr. King has continued throughout the year his investigations on ocular tuberculosis. To date about 1500 patients have been tested for tuberculin sensitivity and thoroughly studied. The first five year period laid out for tuberculin therapy is drawing to a close and during this time several hundred patients have received short or prolonged courses of tuberculin. The same preparation of Old Tuberculin has been used consistently, but from now on we expect to use other preparations of tuberculin in an endeavor to compare the relative merits of each.

By slight modifications of our technique used in the cultivation of leptotriches, Dr. King has been successful in growing the diplococcus of Neisser from ocular as well as genital lesions of gonorrhea. We are now equipped to make routine cultures in all suspected cases of gonorrheal disease.

Different forms of inclusion conjunctivitis have been examined throughout the year. A very satisfactory technique has been evolved whereby several hundred cases have been studied, and it has been found impossible to distinguish between the inclusions found in conjunctival scrapings of trachoma, swimming pool conjunctivitis, and inclusion blenorrhea of the newborn.

Dr. Gundersen has continued his investigations of obscure corneal conditions, maintaining a particular interest in the herpetic group. He has collected a series of cases which show quite clearly that the virus of herpes simplex can affect not only the corneal epithelium, but also the corneal stroma and the iris. Thus far his attempts to reproduce these conditions in animals have failed. Several patients suffering from Herpes Zoster Ophthalmicus he has transfused with convalescent blood, adding more evidence as to the value of this form of treatment.

On January 20, 1936 Dr. Gundersen presented before the Section on Ophthalmology of the New York Academy of Medicine a paper on "Pericorneal Vascular Obliteration for Various Forms of Keratitis". In connection with this subject he is conducting a laboratory investigation which may shed considerable light on the actual source of the nourishment of the cornea.

Dr. Irvine and Dr. Ludvigh have published a paper on their investigation of the proprioceptive sense of the extra-ocular muscles. The paper suggests that contrary to current opinion, proprioceptive sense is quite unimportant for visual perception. Preliminary to this investigation, Dr. Irvine made a comprehensive survey of the literature on the histology of the extra-ocular muscles and published a paper on the subject.

Dr. Ludvigh has published a paper on aniseikonia which draws attention to the discrepancy between theory and practice in aniseikonia and suggests that the symptoms of patients treated for aniseikonia are due to undetected anisophoria or to neurotic disturbances.

Mr. McCarthy and Dr. Ludvigh, using part of the large monochromatic illuminating apparatus as a photo-electric spectrophotometer, have completed their investigation of the transmission of visible light by the normal ocular media. Although there may be found in the literature some data on this subject, they are meager and at variance with the result of the present investigation.

Mr. McCarthy and Dr. Ludvigh, using the same apparatus, have also completed their investigation of the transmission of visible light by cataractous lenses. It is believed that this is the first time quantitative data have been available on this subject.

Dr. Ludvigh has submitted for publication an article in which he brings forward a new concept, that of retinal illumination gradient, and has applied this concept to explain the anomalous results attained by the "More Light-Better Sight" tests.

Dr. Cogan and Dr. Ludvigh have begun an investigation of the intraocular pressure and of changes in intraocular pressure under various conditions. They are using a manometric criterion of intraocular pressure.

Dr. Cogan has studied the accommodation of the eye with special reference to the possibility of a double function and double innervation of the ciliary muscle analogous to that of the musculature of the iris. He has brought forward strong evidence that sympathetic nerves play an important part in accommodation and particularly in the so-called relaxation of the latter.

Dr. Verhoeff in his intensive investigations of binocular vision and strabismus has made many new observations. Thus far, these have accorded with his theory published in 1935 and have enabled him to expand it. During the past year he has by request given lectures on these subjects in Philadelphia and Louisville. He is now studying particularly the motor aspects of binocular vision. One of the interesting facts, demonstrated for the first time, is that in cases of strabismus with so-called anomalous retinal correspondence the Phi phenomenon can be elicited when an image is alternately presented to one and then the other fovea. Dr. Verhoeff and Dr. Grossman have made an extended pathological and clinical investigation of disciform degeneration of the macula. They have demonstrated that this condition in most cases is due to organization of blood extravasated from the choroid and situated primarily between the choroid and the pigment epithelium.

During the Harvard Tercentenary, members of the Laboratory Staff were at hand prepared to demonstrate various activities of the Laboratory listed in the program.

Frederick H. Verhoeff, M.D.,

Director.

REPORT OF THE DEPARTMENT OF OPHTHALMOLOGY

During 1936 the routine clinical work in ophthalmology in the eye clinic and in the house has been equal in volume to that of former years, and it has been discharged smoothly and well. In the clinic, sorting new patients continues to afford them the most direct and efficient service. The appointment system for all old patients, and for refractions and fields, distributes the load and allows better work to be done. This year the perimetry room averaged over 200 patients per month, and the refraction room averaged 1166 patients per month. August is usually the slack month, and September and October the peak months, differing from average months about ten percent in volume of work done. The outpatient clinical records have never been entirely satisfactory, and it is to be hoped that the new Unit Record System which is being adopted for 1937 will yield the desired results.

The medical and surgical care of patients in the house wards and in Gardner ward has continued in about the same volume as during former years. The provision of curtains on overhead carriers to shield each ward bed by a curtain-cubicle has added greatly to the comfort of the patient.

The course of instruction for ophthalmic house officers has entered its tenth year. An arrangement has been worked out for a trial period to require all ophthalmic internes to spend three months as externe in the pathological laboratory under Dr. Terry, and possibly in the study of physiological optics. In this way, the interne will be able to enter upon his clinical work with a much better grasp of the fundamentals.

This August a course was given for teachers of physiological optics by Doctors Lancaster, Ludvigh, and Easton, to whom credit is due for the success of the course. From the enthusiasm shown, we have reason to hope that the quota will be filled next

August just as it was filled this year. It is our feeling that graduate teaching in ophthalmology should limit short courses to those already qualified, and that the short course should review the recent advances in the field or point the way to improved methods. For those uninitiated in ophthalmology, graduate instruction in clinical ophthalmology should be withheld until the candidate has mastered the fundamentals of anatomy, embryology, pathology, and physiology of the eye, and physiological optics.

The important staff change during the year has been the change in status of Dr. Hugo B. C. Riemer from Ophthalmic Surgeon to Consulting Surgeon in Opthalmology. The enthusiastic and devoted service which Dr. Riemer has rendered to the Infirmary clientele for so many years is now being diverted to the Journal Club, which undertakes a weekly review of the important ophthalmic literature.

The work of the Department of Ophthalmology in clinic and house has been greatly facilitated by the daily and willing coöperation of the Department of Medical-Social-Service, and the Department of Occupational Therapy. Members of the visiting and house staff continue to derive help and stimulation from the Howe Laboratory of Ophthalmology, and continue to enjoy the contacts with the ophthalmic world through the channel of the Howe Library.

J. Herbert Waite, M.D.,
Chief of Ophthalmology.

REPORT OF THE DEPARTMENT OF OTO-LARYNGOLOGY

The routine hospital work both in the Out-Patient and in the House has been of the customary volume and character.

The Wednesday meetings have been outstanding for the splendid variety of cases.

Fluoroscopic bouginage of strictures of the esophagus has given a number of most satisfactory results. There was a run of safety pin cases in August.

Nine members of the Staff of the Manhatten Eye and Ear Infirmary came as a group to visit us for a week-end in December. At the same time Dr. LeMee of Paris, France, was a visitor. A program was arranged for Friday morning, afternoon, and evening, and for Saturday morning. The visitors came chiefly to observe teaching methods. The Friday night meeting at the medical school where the House Officers furnish the program especially interested them. One of the New York men wrote as follows:

"I am sincere when I say that I have never spent two more satisfactory days at a medical center in my life." A number of other letters said the same thing. Making allowance for the high key in which thank you letters are usually pitched, I still feel that the Staff should be gratified that our visitors found their Boston trip well worth while.

A two day meeting of the American Association of Oral and Plastic Surgeons was held in Boston, October 26 and 27. The first session was at the Children's Hospital under the chairmanship of Dr. Ladd, and the second at the Infirmary under Dr. Kazanjian.

Dr. Schall now has a series of 21 cases of laryngectomy without a death. All were done by the one stage operation. In the technique of the operation he has developed some worthwhile improvements.

With financial help from the Ladies' Visiting Committee and the coöperation of the New England Telephone and Telegraph Company, we have been able to help patients who have had laryngectomy buy an artificial larynx. This apparatus enables the patient to speak very acceptably.

Dr. Lurie continues his affiliation with the Department of Physiology at the Harvard Medical School in the research work on the physiology of hearing. It will bear repeating that this is one of the most important pieces of research work that has been undertaken in the last 10 years.

At the Throat Laboratory, Dr. Lurie is carrying on a set of animal experiments to determine the toxic reaction of certain drugs, like quinine, on the nerve endings of the inner ear. Dr. Mosher is carrying on a supplementary series of investigations along somewhat similar lines.

The preparation of specimens for this kind of investigation is long and exceedingly difficult. Miss Kendall, the technician in charge of this work for the last two or three years has been very successful with her slides. Miss Bieber is now the chief technician. Her work is the best we have ever had.

It was a great pleasure to have Miss Place, daughter of Dr. Place of the South Department come into the Throat Laboratory as a volunteer assistant. This gives us a chance to repay in part some of the many courtesies rendered us by Dr. Place for many years.

Dr. Page as usual keeps us up to date in things bacteriological. He is a regular attendant at outside medical meetings, and brings back instructive reports. He is continually trying out and evaluating new methods of bacteriological technique as they are reported in the literature. He is continuing his study of lung infection by moulds.

Dr. Drooker has run the Throat Laboratory most acceptably. He has been invited to read a paper at the next meeting of the Section of Otolaryngology of the A. M. A.

Drs. Mosher, Cahill, Schall, and Lurie gave instruction courses in connection with the American Academy of Ophthalmology and Otolaryngology at the New York meeting. Dr.

Mosher gave a 15 minute broadcast from Radio City on "Sore Throat", which was picked up as far away as Argentina. At the same meeting he gave one of the papers in a symposium on the training of the specialist in Ophthalmology and Otolaryngology.

In the scientific exhibit of the Academy, Dr. Lurie showed a collection of enlargements of photomicrographs of diseased conditions in animal ears; also photographs of the results of animal experiments carried out in the Department of Physiology at the Harvard Medical School. This was an outstanding exhibit. The photographs were done by Dr. Mueller.

Dr. John R. Richardson read a paper on October 28th in the Post-Graduate Course in Ophthalmology and Otolaryngology at the University of Virginia on "The Anatomy and Surgery of Deep Pus in the Neck."

The studies on osteomyelitis of the frontal-bone have been continued and a number of successful cases have been operated on.

Dr. Mosher followed up his paper of three years ago on osteomyelitis by a second paper this year which was read before the Otolaryngological Section of the A.M.A. This contained further research work.

The House Officers continue their enthusiasm for microphotography. The Christmas art exhibition showed that many of them were also proficient in general photography.

One more distinguished father has sent his son to the Infirmary.

Dr. MacMillan has accumulated an exceptional set of X-rays of the temporal bone showing infection at the tip. These have been mounted and annotated for teaching purposes. His demonstrations at the Wednesday Staff meetings have helped greatly to make the meetings a success.

Speaking of the clinical meetings, the House Officers deserve great credit for preparing their case histories most carefully and delivering them admirably.

Harris P. Mosher, M.D.,
Chief of Otology and Laryngology.

REPORT OF THE X-RAY DEPARTMENT

The review of the work of the X-Ray Department shows a slight increase, in the number of cases over that of the preceding year.

The routine work varies little from year to year but has been gratifying because of the enthusiastic interest of the personnel of the department. The bronchoscopic work continues to add much variety and interest to the type of cases we are called upon to handle. The equipment leaves little to be desired. Our endeavor will continue to be its utilization to the best of our ability and the best interests of the hospital.

Tabulation of cases is as follows:—

1.	Thymus	1,566
2.	Mastoids	1,381
3.	Sinuses	2,968
4.	Teeth	526
5.	Foreign Body Eye	207
6.	Chest	457
7.	Esophagus	298
8.	Skull	120
9.	Nose	145
10.	Jaws	131
11.	Treatments	406
12.	Sella turcica	7
13.	Lipiodol	45
14.	Cervical spine	134
15.	Miscellaneous	56
16.	Petrous tips	82
17.	Optic canal	3
18.	Bronchoscopy	6
19.	Long bones	8
20.	Abdomen	16
	Total number of examinations	8,562
	Total number of patients	7,851

A. S. Macmillan, M.D.,

Roentgenologist.

SCIENTIFIC PAPERS PUBLISHED OR READ BY THE SURGICAL STAFF

January 1, 1936 to January 1, 1937

"Fluoroscopic Bouginage of Stricture of the Esophagus". By Dr. Harris P. Mosher. *The Laryngoscope,* St. Louis, September, 1936.

"Osteomyelitis of the Frontal Bone". By Dr. Harris P. Mosher. Published in *The Journal of the American Medical Association,* September 19, 1936, Vol. 107, pp. 942-946.

"Tuberculosis Associated with Esophageal Obstruction". By Dr. Harris P Mosher. *The Laryngoscope,* St. Louis, October, 1936.

"The Histology and Pathology of the Esophagus with Clinical Applications". By Dr. Harris P. Mosher. The Mütter Lecture given at the College of Physicians, Philadelphia, November 2, 1936.

"Eye". By Dr. J. Herbert Waite. Revision of chapter in "Textbook on Surgery" by Homans. 4th edition, pp. 605-625.

"Ocular Syphilis". By Dr. J. Herbert Waite. Chapter in "The Eye and Its Diseases" by Dr. Conrad Berens, pp. 834-836.

"Cholesteatome in Chronic Otitis Media". By Dr. A. S. Macmillan. Published in the *American Journal of Radiology,* December, 1936.

"Ocular Complications of Cerebro-Spinal Meningitis". By Dr. Edwin B. Dunphy. Published in the *Archives of Ophthalmology,* January, 1936.

"The Results of Extraction of Lens in High Myopia". By Dr. Edwin B. Dunphy. Read before the New England Ophthalmological Society Conference, November, 1936.

"Dacryocystorhinostomy". By Dr. Paul Chandler. Thesis accepted for membership in the American Ophthalmological Society, to be published in the Transactions.

"Dentigerous Cysts involving the Maxillary Sinus". By Dr. V. H. Kazanjian. *The Apollonian,* January, 1936.

"Surgical Correction of Deformities of the Jaws and Its Relation to Orthodontia". By Dr. V. H. Kazanjian. Published in the *International Journal of Orthodontia and Oral Surgery.* Vol. 22, No. 3, pp. 259, March, 1936.

"Consideration of Abnormalities, Deformities and Pathologic Conditions of Edentulous Mouths". By Dr. V. H. Kazanjian. Published in the *International Journal of Orthodontia and Oral Surgery,* July, 1936, Vol. 22, No. 7, pp. 735.

"The Surgical Treatment of Dental Cysts involving the Mandible". By Dr. V. H. Kazanjian. *The Apollonian,* July, 1936.

"Surgical Treatment of Deformities of the Mandible". By Dr. V. H. Kazanjian. *The Apollonian,* October, 1936.

"The Repair of Contractures Resulting from Burns". By Dr. V. H. Kazanjian. Published in the *New England Journal of Medicine,* December 10, 1936, Vol. 215, No. 24, pp. 1104-1120.

"Consideration of Abnormalities and Pathological Conditions of Edentulous Mouths". By Dr. V. H. Kazanjian. Lecture given in Hartford, Connecticut, before the Hartford Dental Society, January 13, 1936.

"Surgical Preparation of the Mouth for Artificial Dentures". By Dr. V. H. Kazanjian. Lecture given in Philadelphia, Pennsylvania, before the Pennsylvania State Dental Society and the Philadelphia County Dental Society, February 4, 1936.

"Discussion of Various Problems Related to Injuries and Deformities of the Face and Jaws". By Dr. V. H. Kazanjian. Lecture given in Schenectady, New York, before the Schenectady County Dental Society, February 18, 1936.

"The Immediate Treatment of Face and Jaw Injuries". By Dr. V. H. Kazanjian. Lecture given in Boston, Massachusetts, before the W. K. Kellogg Foundation Group and The Forsyth Dental Infirmary, March 23, 1936.

"Plastic Surgery of the Face". By Dr. V. H. Kazanjian. Lecture given in New York City, New York, before the American Academy of Ophthalmology and Otolaryngology. September 28, 1936.

"Treatment of Deformities Resulting from Burns". By Dr. V. H. Kazanjian. Lecture given in New York City, New York, before the Armenian Medical Society, November 23, 1936.

"Neuro-ophthalmology". By Dr. Virgil G. Casten. Chapter in Conrad Beren's textbook "Diseases of the Eye". Saunders, 1936.

"Diathermy in Cataract Extraction". By Dr. T. L. Terry. Published in the *American Journal of Ophthalmology.*

"Glaucoma and Glaucoma Operations from the Standpoint of Pathology". By Dr. T. L. Terry. Read before the South Carolina Ophthalmological Society and the Cleveland Ophthalmological Club.

"Foreign Bodies in the Air and Food Passages". By Dr. Harold G. Tobey. Published in the *New England Journal of Medicine,* December 3, 1936. Written in conjunction with Dr. Charles F. Ferguson.

"Sinus Disease from Infancy to Old Age". By Dr. Charles T. Porter. Presented at the Eighth Annual Graduate Fortnight of the New York Academy of Medicine, October 23, 1935. Published by W. B. Saunders Company, May, 1936, in the "Eighth Annual Graduate Fortnight of the New York Academy of Medicine on Diseases of the Respiratory Tract".

"The Value of Bronchoscopy as an Aid to General Medicine". By Dr. Charles T. Porter. Presented at the Eastern Section Meeting of the American Laryngological, Rhinological and Otological Society, Inc., Newark, New Jersey, January 3, 1936. Published in the *Transactions of the American Laryngological, Rhinological and Otological Society,* 1936.

"Aberrant Vessels of the Posterior Pharyngeal Wall". By Dr. LeRoy A. Schall. Published in the *Annals of Otology, Rhinology and Laryngology* for September 1936, Vol. 45, No. 3, page 891.

"Progress in Laryngology". By Drs. LeRoy A. Schall, John R. Richardson and Werner Mueller. Published in the *New England Journal of Medicine,* September 17, 1936, Vol. 215, No. 12.

"Upper Respiratory Infection". By Dr. LeRoy A. Schall. Read before the South End Medical Club, October 20, 1936.

"How Does the Organ of Corti Distinguish Pitch?" By Dr. M. H. Lurie. Reprinted from *Annals of Otology, Rhinology and Laryngology,* June, 1936. Vol. 45, No. 2, pp. 339.

"A consideration of Deafness Based on Recent Experimental and Physiological Study". By Dr. M. H. Lurie. Read at the Toronto Academy of Medicine, November 16, 1936.

"The Nose and Throat in Five Hundred Cases of Asthma". By Dr. Francis L. Weille. Presented as a candidate's thesis to the American Laryngological, Rhinological and Otological Society. Reprinted from the *New England Journal of Medicine,* August 6, 1936, Vol. 215, No. 6, pp. 235-239.

"Progress in Anesthesia in 1935". By Dr. Russell F. Sheldon. Published in the *New England Journal of Medicine* 214:1246, June 18, 1936.

"The Anatomy and Surgery of Deep Pus in the Neck". By Dr. John R. Richardson. Read at the Post-Graduate Course in Ophthalmology and Otolaryngology at the University of Virginia, October 28, 1936.

"The Effect of Radiation upon Ciliated Epithelium". By Dr. Lyman H. Heine. Published in the *Annals of Otology, Rhinology, and Laryngology,* March, 1936.

"Follow-Up of Patients Eight Months after Tonsillectomy". By Dr. Harold D. Smith. Published in the *Archives of Otolaryngology,* October, 1936, Vol. 24, pp. 488-494.

STAFF OF THE HOWE LABORATORY OF OPHTHALMOLOGY

"A New Instrument for Facilitating the Suturing of the Wound in Operations for Cataract". By Dr. Frederick H. Verhoeff. Published in the Transactions of the American Ophthalmological Society, 1936.

"Siamese-Persian Cats". By Dr. Clyde E. Keeler and Virginia Cobb. Published in the Journal of Heredity, Vol. XXVII, No. 9, September, 1936.

"Blood Groups of Rabbits and Their Inheritance". By Dr. Clyde E. Keeler. Published in the Proceedings of the VI Internationale Gefluegel Kongress, Leipzig, 1936.

"A Second Occurrence of Headdot Spotting in the House Mouse". By Dr. Clyde E. Keeler and Dr. H. D. Goodale. Published in the *Journal of Mammology,* Vol. 17, No. 3, pp. 263, August 1936.

"Aniseikonia". By Dr. Elek J. Ludvigh. Published in the *American Journal of Ophthalmology,* April, 1936, Vol. 19, No. 4.

"Is Ocular Proprioceptive Sense Concerned in Vision?" By Dr. Elek J. Ludvigh with Dr. S. R. Irvine. Published in the Archives of Ophthalmology, June, 1936, Vol. 15, pp. 1037.

"The Gradient of Retinal Illumination". By Dr. Elek J. Ludvigh. Published in the *American Journal of Ophthalmology.*

TABLE OF DISEASES
COMPILED FROM RECORDS

January 1, 1936 to January 1, 1937

	House	Out-Patient
SECTION I		
Specific Infectious Diseases. General Diseases	192	173
SECTION II		
Diseases due to Animal Parasites		2
SECTION III		
Diseases of Metabolism and Deficiency	55	29
SECTION IV		
Diseases Peculiar to Infancy	83	84
SECTION V		
Diseases due to Physical Agents	2	3
SECTION VII		
Tumors, Benign and Malignant	347	1209
SECTION VIII		
Congenital Malformations	63	25
SECTION IX		
Injuries	55	79
SECTION X		
Diseases of the Skin	27	209
SECTION XI		
Diseases of the Circulatory System	26	34
SECTION XII		
Diseases of the Lymphatic System	16	9
SECTION XIII		
Diseases of the Blood-Forming Organs	8	1
SECTION XIV		
Diseases of the Ductless Glands	2	9
SECTION XV		
Diseases of the Nervous System	63	37
SECTION XVI		
Diseases of the Bones, Joints, Muscles, Tendons, and Fascia	18	7

TABLE OF DISEASES

	House	Out-Patient
SECTION XVII		
Diseases and Injuries of the Eye and Ear		
Diseases of the Eye	3,162	19,235
A. General	486	12,048
B. Lids	58	793
C. Lacrimal Apparatus	92	314
D. Conjunctiva	64	1,310
E. Cornea	286	1,387
F. Anterior Chamber	28	31
G. Sclera	13	59
H. Lens	1,140	1,661
J. Uveal Tract	37	59
1. Iris	127	328
2. Ciliary Body	28	40
3. Choroid	14	101
K. Retina	141	212
L. Vitreous	19	55
M. Optic Nerve	17	123
N. Eyeball	131	140
O. Orbit	26	15
P. Disturbances of Motion	455	559
Diseases of the Ear	587	2,511
Q. General	4	43
R. Auricle	25	25
S. External Auditory Canal	16	683
T. Eustachian Tube		142
V. Middle Ear and Mastoid	526	1,374
W. Internal Ear	16	244
SECTION XVIII		
Diseases of the Nose and Accessory Sinuses	788	1,427
SECTION XIX		
Diseases of the Mouth, Lips, Cheeks, Pharynx, Tonsils and Palate	2,419	1,751
SECTION XX		
Diseases of Jaw, Teeth and Gums	17	30
SECTION XXI		
Diseases of the Tongue	2	3
SECTION XXII		
Diseases of Esophagus	96	17
SECTION XXIII		
Diseases of Stomach	2	

	House	Out-Patient
SECTION XXV		
Diseases of the Liver and Biliary Tract	1	
SECTION XXIX		
Diseases of the Larynx	34	59
SECTION XXX		
Diseases of the Trachea and Bronchi	22	9
SECTION XXXI		
Diseases of the Lungs	19	
SECTION XXXII		
Diseases of the Pleura and Mediastinum	10	
SECTION XXXIII		
Diseases of the Kidney and Ureter	3	
SECTION XXXIV		
Diseases of the Bladder	1	
SECTION XXXVI		
Diseases of the Male Generative Organs	1	
SECTION XL		
Anaphylaxis	10	84
SECTION XLII		
Ill-Defined or Unclassified Diseases	117	7,529
Totals	8,248	34,565

LIST OF GRADUATE HOUSE OFFICERS OF THE MASSACHUSETTS EYE AND EAR INFIRMARY

Alexander, Seeyman L., *Aural,* 1919.
151 Bloor Street, W., Toronto, Ontario, Canada.
Allen, John H., *Aural,* 1904. 717 Congress Street, Portland, Maine.
Allman, Charles H., *Oto-Laryngological,* 1930.
520 Commonwealth Ave., Boston, Mass.
Amadon, A. M., *Aural,* 1897-98. (Deceased.)
Amberg, Emil, *Aural,* 1897. 662 Macabees Building, Detroit, Michigan.
Anthony, Alan R., *Ophthalmic,* 1936.
1738 Angus Drive, Vancouver, British Columbia.
Anthony, Marc, *Ophthalmic,* 1929. Westminster Apts., Spokane, Washington.
Aylesworth, Frederick A., *Ophthalmic,* 1916.
Suite 1001, Medical Arts Building, Toronto, Ontario, Canada.
Bair, Hugo L., *Ophthalmic,* 1932. Mayo Clinic, Rochester, Minnesota.
Barss, Richard, *Ophthalmic,* 1877.
Bassen, Edward J., *Ophthalmic,* 1928.
698 Madison Ave., New York City, N. Y.
Baur, Frederick E., *Aural,* 1902. 43 Grande Ave., Milwaukee, Wisconsin.
Beetham, William P., *Ophthalmic,* 1929. 5 Bay State Road, Boston, Mass.
Berry, Gordon, *Aural,* 1910. 36 Pleasant Street, Worcester, Mass.
Bigelow, F. Nolton, *Aural,* 1910. (Deceased.)
Birdsall, Clarence H., *Ophthalmic,* 1918. 26 Summer Street, Haverhill, Mass.
Bogan, Frederick L., *Aural,* 1908. 464 Commonwealth Avenue, Boston, Mass.
Boies, Lawrence R., *Oto-Laryngological,* 1931.
1937 Medical Arts Building, Minneapolis, Minnesota.
Bradford, Henry W., *Ophthalmic,* 1877. (Deceased.)
Brawner, Leon E., *Oto-Laryngological,* 1925.
157 Forrest Street, N. E., Atlanta, Georgia.
Bridgewood, David, *Ophthalmic,* 1926. (Deceased.)
Briggs, Wallace R., *Ophthalmic,* 1920. 229 M Street, Sacramento, California.
Burke, J. Robert, *Ophthalmic,* 1918. *Aural,* 1919.
207 Elm Street, Holyoke, Mass.
Cahill, Harry P., *Aural,* 1914. 520 Commonwealth Ave., Boston, Mass.
Cameron, Walter C., *Ophthalmic,* 1930.
1103 Rhodes Building, Tacoma, Washington.
Canfield, R. Bishop, *Aural,* 1901. (Deceased.)
Caples, Thomas R., *Ophthalmic, Aural,* 1915-1916.
191 Merrimac Street, Haverhill, Mass.
Carleton, Ralph, *Ophthalmic,* 1896. 10 Temple Street, Springfield, Mass.
Caron, Armand, L., *Oto-Laryngological,* 1927.
390 Main Street, Worcester, Mass.
Carroll, Frank D., *Ophthalmic,* 1935. Blind Brook Lodge, Rye, New York.
Carroll, Henry G., *Ophthalmic,* 1911. 270 Commonwealth Ave., Boston, Mass.
Carter, Leland F., *Ophthalmic,* 1926.
4061 Pasadena Ave., Detroit, Michigan.
Casten, Virgil G., *Ophthalmic,* 1931.
520 Commonwealth Ave., Boston, Mass.
Cave, Linus S., *Oto-Laryngological,* 1927.
Physicians' Building, Syracuse, N. Y.

Chamberlain, Allen H., *Ophthalmic,* 1889. (Deceased.)
Chandler, H. Beckles, *Ophthalmic,* 1880. (Deceased.)
Chandler, H. Beckles, Jr., *Ophthalmic,* 1912.
34½ Beacon Street, Boston, Mass.
Chandler, Paul A., *Ophthalmic,* 1925. 5 Bay State Road, Boston, Mass.
Cheney, Frederick E., *Ophthalmic,* 1888. (Deceased.)
Cheney, Robert C., *Ophthalmic,* 1921.
6 Commonwealth Ave., Boston, Mass.
Clap, Edmund W., *Ophthalmic,* 1899.
390 Commonwealth Ave., Boston, Mass.
Clarke, Jonas, *Ophthalmic,* 1877.
Cogan, David G., *Ophthalmic,* 1935.
Coughlan, John N., *Aural,* 1900. (Deceased.)
Cooper, Kemp G., *Oto-Laryngological,* 1930.
1516 Cook Street, Denver, Colorado.
Coyle, John A., *Ophthalmic,* 1931. Wilder, Vermont.
Crewson, Arthur L., *Oto-Laryngological,* 1927.
142 Pitt Street, Cornwall, Ontario, Canada.
Crockett, Eugene A., *Aural,* 1892. (Deceased.)
Davidson, Herman P., *Ophthalmic,* 1920.
Suite 1424, 30 North Michigan Ave., Chicago, Illinois.
Davis, Frederick A., *Ophthalmic,* 1892. (Deceased.)
Day, Charles Orrin, *Aural,* 1922. 270 Commonwealth Ave., Boston, Mass.
Day, Kenneth, *Oto-Laryngological,* 1924.
121 University Place, Pittsburgh, Pennsylvania.
Dean, Abbott W., *Ophthalmic,* 1929.
424 Oakland Ave., Council Bluffs, Iowa.
Donahue, Hugh C., *Ophthalmic,* 1931.
520 Commonwealth Ave., Boston, Mass.
Dowling, Joseph L., *Ophthalmic,* 1918.
57 Jackson Street, Providence, Rhode Island.
Drury, Dana, W., *Aural,* 1906. 483 Beacon Street, Boston, Mass.
Dunphy, Edwin B., *Ophthalmic,* 1923.
101 Bay State Road, Boston, Mass.
Easton, Elwood T., *Ophthalmic,* 1900. 209 Newbury Street, Boston, Mass.
Easton, Mahlon T., *Ophthalmic,* 1936. 209 Newbury Street, Boston, Mass.
Ellis, Edward K., *Ophthalmic,* 1905. 412 Beacon Street, Boston, Mass.
Ernlund, Carl H., *Oto-Larnygological,* 1927.
5 Bay State Road, Boston, Mass.
Evans, Maurice G., *Oto-Laryngological,* 1928.
416 Marlborough Street, Boston, Mass.
Evans, William H., *Ophthalmic,* 1924.
510-517 Dollar Bank Building, Youngstown, Ohio.
Farrell, James L., *Ophthalmic,* 1932. Kempf Building, Utica, New York.
Faunce, Calvin B., *Aural,* 1907. 412 Beacon Street, Boston, Mass.
Finck, Harry P., *Aural,* 1919. (Deceased.)
Fisher, Carl, *Ophthalmic,* 1907.
1930 Wilshire Boulevard, Los Angeles, California.
Fisher, Stanwood E., *Aural,* 1909. 122 State Street, Portland, Maine.
Frackelton, Ralph J., *Oto-Laryngological,* 1933.
15701 Detroit Ave., Lakewood, Ohio.
Franklin, C. Ray, *Ophthalmic,* 1931.
168th Street and Broadway, New York City, New York.
Frazee, John R., *Oto-Laryngological,* 1934. 311 Beacon Street, Boston, Mass.

Fred, Gus Bernard, *Oto-Laryngological,* 1925.
475 Commonwealth Ave., Boston, Mass.
Frisch, Frederick, *Ophthalmic,* 1908. (Deceased.)
Fultz, William E., *Ophthalmic,* 1927. 45 Kaye Street, Halifax, Nova Scotia.
Gabriels, Joseph A. C., *Ophthalmic,* 1921.
435 State Street, Albany, New York.
Gallagher, John H. C., *Aural,* 1920. 107 Centre Street, Chicopee, Mass.
Gaudreau, Honoré E., *Ophthalmic,* 1930.
293 Bridge Street, Springfield, Mass.
Gaus, Louis, *Ophthalmic,* 1921. 220 State Street, Albany, N. Y.
Germain, Harry H., *Ophthalmic,* 1899.
475 Commonwealth Ave., Boston, Mass.
Gibson, Arthur C., *Aural,* 1921. 516 Sutter Street, San Francisco, California.
Gifford, Harold, Jr., *Ophthalmic,* 1934.
1620 Medical Arts Building, Omaha, Nebraska.
Gilbert, John J., *Ophthalmic,* 1917. *Aural,* 1920.
221 Thayer Street, Providence, Rhode Island.
Gillespie, Elmer H., *Oto-Laryngological,* 1932.
101 Bay State Road, Boston, Mass.
Goldman, A. Milton, *Ophthalmic,* 1924.
121 E. 60th Street, New York City, N. Y.
Goodale, Robert L., *Oto-Laryngological,* 1926.
258 Beacon Street, Boston, Mass.
Goodall, Edwin B., *Ophthalmic,* 1918. 101 Bay State Road, Boston, Mass.
Goodell, William, *Aural,* 1906. 121 Chestnut Street, Springfield, Mass.
Goray, J. P., *Ophthalmic,* 1897. Day Street, Fitchburg, Mass.
Gray, Gerald, H., *Oto-Laryngological,* 1929.
420 Mountain Ave., Piedmont, California.
Grossman, Herman P., *Ophthalmic,* 1934.
224 Thayer Street, Providence, Rhode Island.
Gundersen Trygve, *Ophthalmic,* 1930. 5 Bay State Road, Boston, Mass.
Hacking, Raymond F., *Ophthalmic,* 1927.
105 Waterman Street, Providence, Rhode Island.
Halliday, Armond A., *Aural,* 1919. (Deceased.)
Hammond, Philip, *Aural,* 1894. (Deceased.)
Happ, Linley C., *Oto-Laryngological,* 1931.
124 Waterman Street, Providence, Rhode Island.
Haskell, Henry H., *Ophthalmic,* 1893. 5 Vista Ave., Auburndale, Mass.
Hawkins, Henry, *Ophthalmic,* 1909. 394 Marlborough Street, Boston, Mass.
Heffernan, David A., *Ophthalmic,* 1904.
270 Commonwealth Ave., Boston, Mass.
Hennessey, William W., *Aural,* 1908. 33 Essex Street, Salem, Mass.
Hill, Frederick, T., *Aural,* 1916. 111 Main Street, Waterville, Maine.
Hobart, Carl, *Ophthalmic,* 1922.
518 Metropolitan Building, St. Louis, Missouri.
Hollabaugh, Charles F., *Ophthalmic,* 1932.
Doctors' Building, Nashville, Tennessee.
Holmes, Edgar M., *Oto-Laryngological,* 1934.
520 Commonwealth Ave., Boston, Mass.
Hoople, Gordon D., *Oto-Laryngological,* 1926.
The Medical Arts Building, Syracuse, New York.
Hubbard, Rufus P., *Ophthalmic,* 1879.
444 East 57th Street, New York City, New York.
Hurley, Edward D., *Ophthalmic,* 1907. (Deceased.)
Hussey, Edward J., *Ophthalmic,* 1906 (Deceased.)

Ireland, Percy E., *Oto-Laryngological,* 1935.
170 St. George Street, Toronto, Ontario, Canada.
Irgens, Edwin R., *Oto-Laryngological,* 1936. Waterville, Maine.
Irvine, S. Rodman, *Ophthalmic,* 1935.
1114 Roosevelt Building, Los Angeles, California.
Jack, Edwin E., *Ophthalmic,* 1888. 215 Beacon Street, Boston, Mass.
Jackle, Arthur F., *Ophthalmic,* 1913. Kunkirk, New York.
Jennings, John G., *Ophthalmic,* 1917. 82 Commonwealth Ave., Boston, Mass.
Johnson, Charles I., *Oto-Laryngological,* 1929.
270 Commonwealth Ave., Boston, Mass.
Jones, Edward Earl, *Oto-Laryngological,* 1928.
23 Main Street, Brockton, Mass.
Judd, Delbert K., *Oto-Laryngological,* 1934.
1020 Medical Arts Building, Omaha, Nebraska.
Kearny, Richard A., *Aural,* 1921. 2311 Connecticut Ave., Washington, D. C
Kendall, M. Ray, *Aural,* 1917. 102 Huron Road, Cleveland, Ohio.
Kennedy, Michael Francis, *Ophthalmic,* 1927.
I Street, N. W., Washington, D. C.
Kerst, J. Arthur, *Ophthalmic,* 1934.
608 East Capitol Avenue, Springfield, Illinois.
Kilburn, Henry W., *Aural,* 1885. (Deceased.)
King, Merrill J., *Ophthalmic,* 1932. 82 Commonwealth Ave., Boston, Mass.
Langworthy, Henry G., *Aural,* 1907. 10th and Bluff Streets, Dubuque, Iowa.
Leahey, Brendan D., *Ophthalmic,* 1933. 9 Central Street, Lowell, Mass.
LeCompte, Walter A., *Aural,* 1901. (Deceased.)
Lemoine, Albert E., *Ophthalmic,* 1923.
1119 Rialto Building, Kansas City, Missouri.
Lentine, Joseph, *Oto-Laryngological,* 1936. 500 Park Drive, Boston, Mass.
Levitt, Jesse M., *Ophthalmic,* 1933. 734 Ocean Ave., Brooklyn, New York.
Liebman, William, *Ophthalmic,* 1911.
311 Commonwealth Ave., Boston, Mass.
Lodge, Edmund A., *Oto-Laryngological,* 1924. Mountain Home, Tennessee.
Loring, Robert G., *Ophthalmic,* 1900. 140 Beacon Street, Boston, Mass.
Lothrop, Oliver A., *Aural,* 1911. 101 Beacon Street, Boston, Mass.
Lougee, John L., *Aural,* 1909. 483 Beacon Street, Boston, Mass.
Lovesey, Burton E., *Oto-Laryngological,* 1935.
76 Bay State Road, Boston, Mass.
Lowell, W. Holbrook, *Ophthalmic,* 1902.
82 Commonwealth Ave., Boston, Mass.
Lynch, Mercer G., *Oto-Laryngological,* 1936.
1567 Exposition Boulevard, New Orleans, Louisiana.
MacDonald, Alexander E., *Ophthalmic,* 1923.
151 Bloor Street, West, Toronto, Ontario, Canada.
Macdonald, Donald H., *Oto-Laryngological,* 1930.
270 Commonwealth Avenue, Boston, Mass.
MacKechnie, William G., *Aural,* 1918.
96 College Street, Toronto, Ontario, Canada.
Mackenzie, Roland C., *Ophthalmic,* 1911. 51 Moody Street, Waltham, Mass.
MacMillan, A. L., Jr., *Aural,* 1912.
46 Pleasant Street, Concord, New Hampshire.
Macnie, John P., *Ophthalmic,* 1929.
635 W. 165th Street, New York City, New York.
Mansur, Leon Wallace, *Ophthalmic,* 1898.
1109 Brockman Building, Los Angeles, California.

McAuley, Albert G., *Ophthalmic,* 1915.
1301 Dorchester Street, West, Montreal, Quebec, Canada.
McCabe, Frank J., *Ophthalmic,* 1916.
204 Angell Street, Providence, Rhode Island.
McCusker, John J., *Ophthalmic,* 1897.
382 Broad Street, Providence, Rhode Island.
McDonald, Samuel J., *Ophthalmic,* 1902.
362 Commonwealth Ave., Boston, Mass
McGuigan, G. Edmund, *Ophthalmic,* 1924.
116 West Market Street, York, Pennsylvania.
McIntire, Frederic J., *Ophthalmic,* 1910.
63 North Common Street, Lynn, Mass.
McKelvey, Alexander D., *Aural,* 1911. (Deceased.)
McLaughlin, William C., *Aural,* 1908.
171 Broad Street, Providence, Rhode Island.
McLeod, Angus M., *Oto-Laryngological,* 1932.
Medical Arts Building, Toronto, Ontario, Canada.
McLeod, John, *Ophthalmic,* 1930.
1130 Rialto Bldg., Kansas City, Missouri.
Meek, Raymond E., *Ophthalmic,* 1926.
729 Park Avenue, New York City, New York.
Meltzer, Philip E., *Aural,* 1919. 20 Charlesgate West, Boston, Mass.
Merritt, Robert E., *Ophthalmic,* 1920.
1105 Brockman Building, Los Angeles, California.
Mertins, Paul S., *Oto-Laryngological,* 1936.
17 Galen Street, Montgomery, Alabama.
Messenger, Harry K., *Ophthalmic,* 1934.
313 Commonwealth Avenue, Boston, Mass.
Meyer, Monto F., *Ophhalmic,* 1919.
904 Canal Bank Building, New Orleans, Louisiana.
Moore, Fontaine B., *Aural,* 1914.
Morse, Almon G., *Ophthalmic,* 1893. Sunmount, New York.
Motley, Frederic E., *Oto-Laryngological,* 1925.
Charlotte Eye, Ear, Nose & Throat Hospital, Charlotte, North Carolina.
Mueller, Werner, *Oto-Laryngological,* 1933.
395 Commonwealth Ave., Boston, Mass.
Murphy, Edward M., *Ophthalmic,* 1915. 175 Central Street, Lowell, Mass.
Murphy, William E., *Oto-Laryngological,* 1933.
Slater Building, Worcester, Mass.
Myers, Roscoe W., *Ophthalmic,* 1927. 36 Pleasant Street, Worcester, Mass.
Nicholson, Harry M., *Aural,* 1913.
101 James Street South, Hamilton, Ontario, Canada.
O'Connor, Michael J., *Aural,* 1923.
532 Broad Street, Providence, Rhode Island.
Olds, Bomar A., *Oto-Laryngological,* 1929.
Suite No. 307, Medical Arts Building, Atlanta, Georgia.
O'Neil, Robert C., *Oto-Laryngological,* 1928. (Deceased.)
Parker, Harry C., *Ophthalmic,* 1902.
Pollock, Frederic J., *Oto-Laryngological,* 1935.
2561 North Clark Street, Chicago, Illinois.
Porter, Charles T., *Aural,* 1914. 520 Commonwealth Ave., Boston, Mass.
Powers, George H., *Aural,* 1904. 311 Beacon Street, Boston, Mass.
Price, F. Raymond, *Ophthalmic,* 1936. 1 Bee Street, Charleston, South Carolina.
Proctor, Francis I., *Ophthalmic,* 1891. (Deceased.)

Provost, Adolphe J., *Oto-Laryngological,* 1927.
1061 Elm Street, Manchester, New Hampshire.
Prudhon, Charles A., *Oto-Laryngological,* 1930.
168 Sterling Street, Watertown, New York.
Quackenboss, Alexander, *Ophthalmic,* 1893. (Deceased.)
Quevedo, A., Arturo, *Ophthalmic,* 1933.
9a Ave. Sur No. 50, Guatemala City, Gautemala, Central America.
Quincy, Josiah E., *Oto-Laryngological,* 1926.
270 Commonwealth Ave., Boston, Mass.
Raynes, Alphonse F., *Ophthalmic,* 1923.
209 Miller Ave., Portsmouth, New Hampshire.
Reaves, Robert G., *Aural,* 1918. 425 W. Clinch Ave., Knoxville, Tennessee.
Richards, Lyman G., *Oto-Laryngological,* 1926.
319 Longwood Avenue, Boston, Mass.
Richardson, John R., *Oto-Laryngological,* 1935.
395 Commonwealth Ave., Boston, Mass.
Ross, Percy Jay, *Oto-Laryngological,* 1934.
Rothwell, Stephen G., *Oto-Laryngological,* 1925.
97 Spring Street, New Bedford, Mass.
Ruggles, Ralph H., *Ophthalmic,* 1920.
394 Marlborough Street, Boston, Mass.
Ruggles, Roger L., *Oto-Laryngological,* 1932. 80 Elm Street, Westfield, Mass.
Rust, Frank L., *Ophthalmic,* 1898. (Deceased.)
Ryder, George H., *Ophthalmic,* 1901. 968 Hancock Street, Quincy, Mass.
Sachs, Benjamin, *Ophthalmic,* 1925. 483 Beacon Street, Boston, Mass.
Sargent, Francis B., *Aural,* 1923.
124 Waterman Street, Providence, Rhode Island.
Savage, Ross E., *Ophthalmic,* 1910. 543 Boylston Street, Boston, Mass.
Scarney, Herman D., *Ophthalmic,* 1928.
533 David Whitney Building, Detroit, Michigan.
Shambaugh, George E., Jr., *Oto-Laryngological,* 1932.
122 S. Michigan Ave., Chicago, Illinois.
Shanahan, Timothy J., *Aural,* 1907. (Deceased.)
Simmons, Fred A., *Aural,* 1918. (Deceased.)
Sisson, Raymond J., *Ophthalmic,* 1925. (Deceased.)
Skilling, Francis C., *Ophthalmic,* 1933. 401 Ingram Building, Miami, Florida.
Smyth, D. Campbell, *Aural,* 1910. (Deceased.)
Smyth, P. Sommers, *Ophthalmic,* 1905. (Deceased.)
Sowers, Martin L., *Aural,* 1922. Crossways Apts., Far Rockaway, New York.
Spalding, Fred M., *Ophthalmic,* 1900. 128 Newbury Street, Boston, Mass.
Spratt, Charles N., *Ophthalmic,* 1904. 785 9th Street, Minneapolis, Minn.
Standish, Myles, *Ophthalmic,* 1880. (Deceased.)
Tegelberg, Julius, *Oto-Laryngological,* 1931.
390 Main Street, Worcester, Mass.
Terry, Theodore L., *Ophthalmic,* 1928. 128 Newbury Street, Boston, Mass.
Thompson, Peter Hunter, *Ophthalmic,* 1902.
308 Commonwealth Ave., Boston, Mass.
Tobey, George L., Jr., *Aural,* 1905.
270 Commonwealth Ave., Boston, Mass.
Tobey, Harold G., *Aural,* 1915. 270 Commonwealth Ave., Boston Mass.
Toot, J. Frederick, *Ophthalmic,* 1922. East Liverpool, Ohio.
Vail, Derrick T., *Ophthalmic,* 1924. 819 Carew Tower, Cincinnati, Ohio.
Vail, Harris H., *Aural,* 1921. 917-920 Carew Tower, Cincinnati, Ohio.
Waite, J. Herbert, *Ophthalmic,* 1923. 7 Bay State Road, Boston, Mass.

Wales, Ernest DeW., *Aural,* 1902.
1236 N. Pennsylvania Street, Indianapolis, Indiana.
Walker, Charles E., Jr., *Ophthalmic,* 1935.
1114 Republic Bldg., Denver, Colorado.
Walker, Clifford B., *Aural,* 1914.
Auditorium Building, Los Angeles, California.
Walker, D. Harold, *Aural,* 1902. 5 Bay State Road, Boston, Mass.
Webster, Franklin R., *Ophthalmic,* 1926.
University Building, Syracuse, New York.
Weille, Francis L., *Oto-Laryngological,* 1929.
395 Commonwealth Ave., Boston, Mass.
Weinheimer, Lambert H., *Ophthalmic,* 1922.
109 So. Warren Street, Syracuse, New York.
White, Leon E., *Aural,* 1897. (Deceased.)
White, Leon E., *Aural,* 1923. 390 Commonwealth Ave., Boston, Mass.
Whitney, Raymond C., *Ophthalmic,* 1922.
7 N. 6th Street, New Bedford, Mass.
Willis, Harry C., *Aural,* 1923. 216 E. Nash Street, Wilson, North Carolina.
Winkler, Herman A., *Oto-Laryngological,* 1926.
224 Thayer Street, Providence, Rhode Island.
Wishart, David E. S., *Aural,* 1922.
47 Grosvenor Street, Toronto, Ontario, Canada.
Woodruff, Harry N., *Ophthalmic,* 1936. 1201 Western Avenue, Joliet, Illinois.
Worthen, Clarence F., *Ophthalmic,* 1917.
319 Commonwealth Ave., Boston, Mass.
Wright, Clarence F., *Oto-Laryngological,* 1931.
618 The Medical Arts Building, Toronto, Ontario, Canada.
Wright, Edward N., *Oto-Laryngological,* 1933.
The Medical Arts Building, Toronto, Ontario, Canada.

Form of a Bequest to the Infirmary

I give and bequeath to the Massachusetts Eye and Ear Infirmary of Boston, the sum of dollars, to be applied to the uses of said Infirmary.

ONE HUNDRED AND TWELFTH

ANNUAL REPORT

of the

Massachusetts Eye and Ear Infirmary

Incorporated in 1827

For the Year

1937

THE MASSACHUSETTS EYE AND EAR INFIRMARY

243 Charles Street, Corner Fruit Street, Boston, Mass.

OUT-PATIENT DEPARTMENT

The Out-Patient Department is open daily, excepting Sundays and legal holidays, from 8.00 to 10.00 A.M., for examination and treatment of all persons unable to pay a physician, afflicted with disease of the eye, ear, nose or throat. Persons needing treatment in the hospital wards will be advised accordingly. Medicines and glasses are furnished at the Infirmary, but neither prescription nor advice will be sent by mail, express or messenger.

Admission fee: Adults, seventy-five cents first visit, other visits fifty cents; children under sixteen years of age, fifty cents first visit, other visits twenty-five cents.

HOSPITAL

Persons recommended for admission to the hospital wards should apply at the Director's Office before 1 P.M., *on week days only, excepting legal holidays.*

Accident and emergency cases admitted at any time.

All communications about the Infirmary or any patient must be addressed to the Director, and should contain the full name of the patient as well as the name and address of the writer.

Persons admitted to the wards as in-patients will be charged for board at the rate of twenty-four dollars per week, payable in advance, unless some special arrangement is made by the Director. No reduction in rate of board made to those residing outside the Commonwealth of Massachusetts.

Visitors will be admitted to see patients from 1 to 2 o'clock in the afternoon, and but one visitor a day is allowed to each patient over twelve years of age. Children under twelve years of age may be visited on Sundays and legal holidays from 1 to 2 P.M., when two visitors are permitted. Visitors may be excluded at any time.

On Sundays and holidays two visitors are allowed each patient.

The Infirmary reserves the right to investigate every case.

Massachusetts Eye and Ear Infirmary

ONE HUNDRED AND TWELFTH

ANNUAL REPORT

of the

Massachusetts
Eye and Ear Infirmary

For the Year

1937

BOSTON

OFFICERS, 1938

BOARD OF MANAGERS, 1937-1938

1887	George P. Gardner, 10 Post Office Square
1903	Russell G. Fessenden, 17 Court Street
1907	Charles P. Curtis, 71 Ames Building
1907	Robert H. Stevenson, 50 State Street
1914	James Dean, 201 Devonshire Street
1914	James C. Howe, 904 Exchange Building
1925	Leverett Saltonstall, 55 Congress Street
1929	Walter H. Trumbull, Weston, Mass.
*1934	Patrick A. O'Connell, 154 Tremont Street
1934	Frank G. Allen, 248 Summer Street
1934	Robert F. Bradford, 49 Federal Street
1935	William A. Parker, 1 Court Street
1937	Henry H. Meyer, 820 Exchange Building
*1938	Mrs. Charles J. O'Brien, 18 Grafton Street, Arlington, Mass.

President

Russell G. Fessenden

Secretary

James C. Howe, 904 Exchange Building

Treasurer

James Dean, 201 Devonshire Street

Executive Committee

Russell G. Fessenden
James Dean
Robert F. Bradford

Finance Committee

Russell G. Fessenden
James Dean
James C. Howe

Advisory Committee

Social Service Department

Mr. William A. Parker
Mr. Henry H. Meyer
Dr. J. Herbert Waite
Dr. Harris P. Mosher
Mrs. Leslie Soule
Mrs. William B. Snow, Jr.

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*Appointed by the Commonwealth.

MASSACHUSETTS EYE AND EAR INFIRMARY

Visiting Committee

January	Mr. Stevenson Mr. Allen
February	Mr. Allen Mr. Meyer
March	Mr. Meyer Mr. Gardner
April	Mr. Gardner Mr. Curtis
May	Mr. Curtis Mr. Saltonstall
June	Mr. Saltonstall Mr. Trumbull
July	Mr. Trumbull Mr. Fessenden
August	Mr. Fessenden Mr. Howe
September	Mr. Howe Mr. Bradford
October	Mr. Bradford Mr. Dean
November	Mr. Dean Mr. Parker
December	Mr. Parker Mr. Stevenson

Ladies' Visiting Committee

Mrs. Sullivan A. Sargent, Jr., *Chairman*
Mrs. Harold Peabody, *Vice-Chairman and Chairman Visitors' Committee*
Mrs. Varaztad H. Kazanjian, *Secretary*
Mrs. Richard C. Curtis, *Treasurer*
Miss Emily Davis, *Chairman Entertainment Committee*
Mrs. Leslie Soule, *Chairman Nominating Committee*
Mrs. Francis T. Hunter, *Chairman Nurses' Committee*
Mrs. Livingston Davis, *Chairman Occupational Therapy Committee*
Mrs. Harris P. Mosher, *Chairman Flower Committee*

Mrs. Arlie V. Bock
Mrs. John E. Boit
Mrs. John Bryant
Mrs. Harry P. Cahill
Mrs. Nathaniel Clapp
Mrs. Paul Courtney
Mrs. Weld Douglass
Mrs. Edwin B. Dunphy
Mrs. Reginald Foster
Mrs. Trygve Gundersen
Mrs. Harold L. Higgins
Miss Grace Madden
Mrs. Charles E. Mason
Mrs. William W. McCarthy
Miss Madeline Post
Mrs. Franklin A. Reece
Mrs. John R. Richardson
Mrs. Edward Ropes
Mrs. Richard M. Russell
Mrs. LeRoy A. Schall
Mrs. Herbert B. Shaw
Mrs. Reginald Smithwick
Mrs. D. Campbell Smyth
Mrs. William B. Snow, Jr.
Mrs. Thomas C. Thacher, Jr.
Mrs. John E. Thayer, Jr.
Mrs. George L. Tobey, Jr.
Mrs. Frederick H. Verhoeff
Mrs. Francis L. Weille
Mrs. Stephen Wheatland
Mrs. John I. Wylde

Junior Member
Miss Ann Soule

Associate Member
Mrs. J. Thomas Schnebly

OFFICERS, 1938

Executive Officers

Director

Nathaniel W. Faxon, M.D.

Assistant to the Director

Annie M. Robertson, R.N.

Surgical Board

Consulting Surgeons in Ophthalmology

Edwin E. Jack, M.D.
Henry H. Haskell, M.D.
Walter B. Lancaster, M.D.
Fred M. Spalding, M.D.
Peter H. Thompson, M.D.
Samuel J. McDonald, M.D.
Allen Greenwood, M.D.
W. Holbrook Lowell, M.D.
Hugo B. C. Riemer, M.D.

Consulting Chief of Ophthalmology

Frederick H. Verhoeff, M.D.

Consulting Surgeons in Otology and Laryngology

Frederick L. Jack, M.D.
Francis P. Emerson, M.D.
Algernon Coolidge, M.D.
J. Payson Clark, M.D.
Joseph L. Goodale, M.D.
George L. Tobey, Jr., M.D.
D. Harold Walker, M.D.
Calvin B. Faunce, M.D.
Frederick E. Garland, M.D.
Frederick L. Bogan, M.D.

Chief of Ophthalmology

J. Herbert Waite, M.D.

Chief of Otology and Laryngology

Harris P. Mosher, M.D.

Surgeons in Ophthalmology

Edward K. Ellis, M.D.
J. Herbert Waite, M.D.
Edwin B. Goodall, M.D.
Edwin B. Dunphy, M.D.
Benjamin Sachs, M.D.
Paul Chandler, M.D.

MASSACHUSETTS EYE AND EAR INFIRMARY

Surgeons in Oto-Laryngology

Harry P. Cahill, M.D.
George H. Poirier, M.D.
Edwards W. Herman, M.D.
Harold G. Tobey, M.D.
Charles T. Porter, M.D.
Philip E. Meltzer, M.D.
LeRoy A. Schall, M.D.
William I. Wiggin, M.D.

Surgeon for Plastic Operations

Varaztad H. Kazanjian, M.D., D.M.D.

Associates in Laryngology in Teaching

Joseph L. Goodale, M.D.
Charles D. Knowlton, M.D.
Harry A. Barnes, M.D.
Frederick E. Garland, M.D.
Frederick L. Bogan, M.D.

Associate Surgeons in Ophthalmology

John G. Jennings, M.D.
Ralph H. Ruggles, M.D.
Fred S. Thorne, M.D.
Samuel H. Wilkins, M.D.

Assistant Surgeons in Ophthalmology

William P. Beetham, M.D.
Virgil G. Casten, M.D.
Trygve Gundersen, M.D.
Merrill J. King, M.D.
Theodore L. Terry, M.D.
Brendan D. Leahey, M.D.
Hugh C. Donahue, M.D.

Assistant Surgeons in Oto-Laryngology

Maurice G. Evans, M.D.
G. Bernard Fred, M.D.
Robert L. Goodale, M.D.
Moses H. Lurie, M.D.
Philip Mysel, M.D.
Josiah E. Quincy, M.D.
Francis L. Weille, M.D.
Leon E. White, M.D.
Charles I. Johnson, M.D.

Clinical Assistants in Ophthalmology

David G. Cogan, M.D.
Z. William Colson, M.D.
Edward E. Covitz, M.D.
Mahlon T. Easton, M.D.
Honoré E. Gaudreau, M.D.
Meyer M. Gilbert, M.D.
Herman P. Grossman, M.D.
Paul G. Haire, M.D.
Juanita P. Johns, M.D.
Thomas H. Macdonald, M.D.
Harry K. Messenger, Ph.D., M.D
Frederick H. Salls, M.D.
Raymond C. Whitney, M.D.

Clinical Assistants in Oto-Laryngology

Charles H. Allman, M.D.
Walter J. E. Carroll, M.D.
Samuel Cline, M.D.
John R. Frazee, M.D.
Elmer H. Gillespie, M.D.
Edgar M. Holmes, M.D.
Vincent J. Kelley, M.D.
Burton E. Lovesey, M.D.
Donald H. Macdonald, M.D.
Werner Mueller, M.D.
John R. Richardson, M.D.
Joseph Lentine, M.D.
Elizabeth DeBlois, M.D.

Clinical Assistant for
Bronchoscopy and Oesophagoscopy

Edward B. Benedict, M.D.

Consulting Pathologist

Tracy B. Mallory, M.D.

Pathologist

Theodore L. Terry, M.D.

Roentgenologist

A. S. Macmillan, M.D.

Dentist

George H. Wright, D.M.D.

Assistant Anesthetist

Russell F. Sheldon, M.D.

HOWE LABORATORY OF OPHTHALMOLOGY

Director

Frederick H. Verhoeff, M.D.

Clyde E. Keeler, S.D.
Merrill J. King, M.D.
Trygve Gundersen, M.D.
Harry K. Messenger, Ph.D., M.D
Eugene F. McCarthy, M.A.
Elek Ludvigh, Ph.D.
David G. Cogan, M.D.
Z. William Colson, M.D.

Consultants

Consulting Physicians

James H. Means, M.D.
Gerald Blake, M.D.
Arlie V. Bock, M.D.
William B. Breed, M.D.
Chester M. Jones, M.D.
Francis M. Rackemann, M.D.
Paul D. White, M.D.
Walter Bauer, M.D.
F. Dennette Adams, M.D.
Gerardo M. Balboni, M.D.
Roger P. Dawson, M.D.
Wyman Richardson, M.D.
Dwight L. Siscoe, M.D.
Fuller Albright, M.D.
Francis T. Hunter, M.D.
Donald S. King, M.D.
James H. Townsend, M.D.
Howard B. Sprague, M.D.
Myles P. Baker, M.D.
William A. Bishop, M.D.
Maurice Fremont-Smith, M.D
Margaret V. Grogan, M.D.
B. Thurber Guild, M.D.
Howard B. Jackson, M.D.
Roy R. Wheeler, M.D.
Bernard M. Jacobson, M.D.
Richard B. King, M.D.
Robert S. Palmer, M.D.
John H. Talbott, M.D.
Thomas V. Urmy, M.D.
Allen G. Brailey, M.D.
Walter S. Burrage, M.D.
John H. Fay, M.D.
Greene FitzHugh, M.D.
Jacob Lerman, M.D.
John P. Monks, M.D.
Helen S. Pittman, M.D.
Milton J. Quinn, M.D.
Charles L. Short, M.D.

Consulting Dermatologists

C. Guy Lane, M.D.
Loretta J. Cummins, M.D.
Jacob H. Swartz, M.D.
Austin W. Cheever, M.D.
Ethel M. Rockwood, M.D.
Myer M. Tolman, M.D.

Consulting Neurologists

James B. Ayer, M.D.
George Clymer, M.D.
G. Colket Caner, M.D.
Charles A. McDonald, M.D.
Harry C. Solomon, M.D.
Henry R. Viets, M.D.
Charles S. Kubik, M.D.

Consulting Psychiatrists

Stanley Cobb, M.D.
Kenneth J. Tillotson, M.D.
Jacob E. Finesinger, M.D.
Niels Anthonisen, M.D.
Ray L. Whitney, M.D.
John C. Whitehorn, M.D.
Helene Deutsch, M.D.
Erich Lindemann, M.D.
Felix Deutsch, M.D.
William G. Barrett, M.D.
Edgarton M. Howard, M.D.
Marianna Taylor, M.D.

OFFICERS, 1938

Consulting Pediatricians

Harold L. Higgins, M.D.
Joseph Garland, M.D.
J. Herbert Young, M.D.
Richard S. Eustis, M.D.
Edward S. O'Keefe, M.D.
Eli C. Romberg, M.D.
Solomon H. Rubin, M.D.
Richard S. Tefft, Jr., M.D.
Arthur Bates Lyon, M.D.
Oliver E. Bixby, M.D.

Consulting Surgeons

Edward D. Churchill, M.D.
Arthur W. Allen, M.D.
W. Jason Mixter, M.D.
George A. Leland, Jr., M.D.
Richard H. Miller, M.D.
Varaztad H. Kazanjian, M.D.
Leland S. McKittrick, M.D.
Edward L. Young, Jr., M.D.
Joe Vincent Meigs, M.D.
John S. Hodgson, M.D.
James C. White, M.D.
Henry C. Marble, M.D.
Horace K. Sowles, M.D.
Ernest M. Daland, M.D.
Torr W. Harmer, M.D.
E. Parker Hayden, M.D.
André W. Reggio, M.D.
Franklin G. Balch, Jr., M.D.
Horatio Rogers, M.D.
Reginald H. Smithwick, M.D.
Grantley W. Taylor, M.D.
Henry H. Faxon, M.D.
Robert R. Linton, M.D.
Richard H. Sweet, M.D.
Oliver Cope, M.D.

Consulting Orthopedists

Marius N. Smith-Petersen, M.D.
Armin Klein, M.D.
William A. Rogers, M.D.
George W. VanGorder, M.D.
Edwin F. Cave, M.D.
Joseph S. Barr, M.D.
Sumner M. Roberts, M.D.

Consulting Urologists

George Gilbert Smith, M.D.
Harvard H. Crabtree, M.D.
Fletcher H. Colby, M.D.
Bryant Wetherell, M.D.
Richard Chute, M.D.
Sylvester B. Kelley, M.D.
E. Ross Mintz, M.D.

Consulting Pathologist

Benjamin Castleman, M.D.

Consulting Bacteriologist

Louis Dienes, M.D.

Consulting Roentgenologists

George W. Holmes, M.D.
Aubrey O. Hampton, M.D.
James R. Lingley, M.D.
Richard Schatzki, M.D.

Consultant in Contagious Diseases

Edwin H. Place, M.D.

House Staff

Internes in Ophthalmology

Paul H. Case, M.D.
S. Forrest Martin, M.D.
John T. Schnebly, M.D.
Garrett L. Sullivan, M.D.
George A. Filmer, M.D.
Henry F. Stephens, M.D.
Samuel T. Clarke, M.D.

Internes in Oto-Laryngology

George G. Houston, M.D.
Walter L. McClintock, M.D.
Frank M. Wattles, M.D.
John M. Converse, M.D.
Joshua C. Drooker, M.D.
Irl H. Blaisdell, M.D.
Joseph M. Clough, M.D.

Executive Assistants

Helen McCaskill, R.N.
Ruth M. Hutchinson, R.N.
Walborg L. Peterson, R.N.

Superintendent of Nurses

Sally Johnson, R.N.

Assistant Superintendent of Nurses

Dorothy M. Tarbox, R.N.

Director of Social Service

Helen J. Almy

BRIEF HISTORY OF THE MASSACHUSETTS EYE AND EAR INFIRMARY

The Massachusetts Eye and Ear Infirmary had its inception in the latter part of 1824 when Dr. Edward Reynolds and Dr. John Jeffries established a free clinic for the treatment of the eye in a small room in the Scollay Building situated in what in now the center of Scollay Square. It is the second oldest institution of its kind in the United States, the New York Eye and Ear Infirmary having been founded in 1820.

In the first sixteen months nearly 900 patients were treated, and so successful was the undertaking that in March, 1826, with the aid of friends, a public subscription was started and the Boston Eye Infirmary was formed. In 1827 it was formally incorporated as the Massachusetts Charitable Eye and Ear Infirmary (changed to the Massachusetts Eye and Ear Infirmary in 1924) and shortly moved to larger quarters at the corner of Court and Tremont Streets. The Infirmary was open from 12 to 1 o'clock for gratuitous treatment of the eye and ear. In 1827 there were reported 583 cases of eye diseases and 98 of ear diseases. The receipts were $473.62 and the expenses $333.62.

By 1836 the Infirmary was so well known that one-third of the patients came from outside of Boston and 153 towns and cities were represented. Owing to the increase in the number of patients, the Infirmary was removed in 1836 to the Salisbury Building on Summer Street, and three years later the Gore mansion on Green Street near Bowdoin Square was purchased. To enable the Infirmary to do this, the Commonwealth gave $5,000 and an additional grant of $2,000 a year, for five years. Here for the first time ward patients could be accommodated to the number of twenty. Previously they had been placed in boarding houses in the neighborhood. Facilities were provided for a school of observation, as it was called, for medical students and Dr. Jeffries gave a course of lectures at the Infirmary which was followed by lectures for six successive years by Dr. Reynolds at the Tremont Medical School. Daily clinics for students were held.

By 1849 the Gore mansion had become too small to take care of the increasing number of patients, in that year 2,000. With the aid of a generous grant from the Commonwealth and funds raised by subscriptions, property on Charles Street near Cambridge Street was purchased and a new Infirmary built and dedicated in 1850. Later a wing was added. In 1871 the Ear Department was organized and by 1876 the patients in that department numbered 2,250.

The first Charles Street building, which had housed the Infirmary for over fifty years, proved inadequate, and the Out-Patient Department was much over-crowded, with an average weekly attendance of 1,200. With the aid of a grant from the Commonwealth of $100,000, the present site was purchased and the building was completed in March, 1899. Since the last Constitutional Convention the Infirmary cannot by law receive any grant from the Commonwealth. Social Service was instituted in 1907. The Gardner Building for the treatment of contagious diseases of the eye was added shortly and in 1909 a separate building was built for the Pathological Laboratory. In the same year a Nurses' Home was built on the site of the old Infirmary, to house 94 people, and later the space formerly occupied by nurses in the Infirmary was changed into a private ward. A school for graduate and affiliated nurses which gives special training in the care of diseases of the eye, ear, nose and throat is maintained.

In the year 1922 the Laryngological Department of the Massachusetts General Hospital was granted the use of beds in the Infirmary and became a department of that institution as far as its house work was concerned.

In 1925 the surgeons of the Aural and Laryngological departments appear in one group as Oto-Laryngologists.

January 1st, 1928, the Laryngological Out-Patient Department of the Massachusetts General Hospital was taken over by the Infirmary and the relations of the Aural Department with the Laryngological Department became very close. At the same time the Out-Patient Department, though still operated by the Infirmary, was joined with that of the Massachusetts General Hospital in the new building built by the latter.

Part of the space formerly occupied by the Out-Patient Department was taken for the Howe Laboratory of Ophthalmology. This was made possible through the generosity of the late Dr. Lucien Howe, who gave $250,000 towards a fund of $500,000 given to Harvard College, the income to be used for research work. The balance of the space was given over to the Research Laboratory of the Ear, Nose and Throat Department, the X-Ray Department and the Howe Library.

Last year the Infirmary took care of 5,642 people in the public wards, 1,674 in the private wards and there were 101,403 visits to the Out-Patient Department. The active staff numbers 65 and there are 212 paid employees.

REPORT OF THE PRESIDENT

On behalf of the Board of Managers of the Massachusetts Eye and Ear Infirmary, I beg to present to the Corporation the One Hundred and Twelfth Annual Report, being for the year 1937.

The expenses of the Infirmary were approximately $25,000 more than last year, salaries and wages about $15,000 and supplies about $10,000. There was a readjustment of salaries and the installation of the unit system in the Record Room entailed quite an expense. This, however, was a very much needed improvement and is of great help to the Staff. The receipts of the hospital were about $3,000 more than the year before. Owing to a change in the policy of the Community Federation, the amount due from the Campaign in 1936 which had been withheld was turned over to the Infirmary in 1937, together with the bulk of the amount due from the Campaign of that year. Even with this additional help, which of course will not happen again, expenses were met by only a slight margin and if the decrease in inventory is taken into consideration receipts were practically the same as expenses. With probably increasing expenses and decreasing income due to present conditions, the Infirmary is faced with a large deficit in 1938.

The number of patients and patient days in the Public Wards was slightly less than last year, the daily average number of patients being slightly more than 117. Patients pay what they can afford from nothing to full rates and, while 22% paid nothing, if the total receipts are considered it is the same as if 35% paid nothing and the balance full rates. Visits to the Out-Patient Department were more than last year, 101,403 or 336 a day. About 30% of these were free, counting the combined Department, Massachusetts General Hospital and Massachusetts Eye and Ear Infirmary.

The various departments were conducted with their usual efficiency and their reports show the many activities carried on. Continued growth and increasing efficiency of the Infirmary are hampered by lack of funds and also of space. There is great need for relocating and improving the operating rooms which will entail a large expense. The financial situation is such that the Managers hesitate to take money from the General Fund for these improvements or to add to the operating expenses. As usual the Ladies' Visiting Committee has been of the greatest service, not only giving unselfishly of their own time in the Infirmary but also raising money for many very needful things.

During the year Dr. Philip Hammond died. He had been connected with the Infirmary since he entered as an interne in 1893. He became Aural Chief of Service in 1920 and Consulting Aural Surgeon in 1932. During all these years he gave generously of his time and skill. Miss Amy G. Smith who had been Chief of the Medical Social Service Department since 1925 resigned. The position which this department holds and the valuable service which it renders are to a great extent due to her intelligent and unselfish service. Mr. Alf C. Lootz, for many years faithful and efficient Superintendent of Works, died February 21, 1937.

The Managers gratefully acknowledge bequests received during the year from the estates of George Green Cook and Martha H. Brooks.

It is needless to say that the continued growth and efficiency of the Infirmary are due largely to the unselfish devotion of the Staff and employees to whom the Board of Managers are deeply grateful.

R. G. Fessenden,
President.

REPORT OF THE TREASURER

STATEMENT OF INCOME — RECEIPTS AND DISBURSEMENTS

for the year ending December 31, 1937

HOSPITAL RECEIPTS:				
As per Director's Financial Statement (page 30)				$348,519.53
LESS:				
HOSPITAL OPERATING DISBURSEMENTS: as per Director's Financial Statement (page 30)				
General		$445,256.33		
Social Service		16,361.96	$461,618.29	
TREASURER'S DISBURSEMENTS:				
Auditing, Bookkeeping and custody of securities		$ 1,650.00		
Insurance		101.56		
Miscellaneous		2,767.69	4,519.25	
TOTAL ORDINARY DISBURSEMENTS				466,137.54
EXCESS OF ORDINARY DISBURSEMENTS OVER HOSPITAL RECEIPTS				$117,618.01
DEDUCT:				
OTHER INCOME RECEIPTS:				
Total Income from Investment Securities		$ 76,729.16		
LESS:				
One-half income from F. E. Weber Fund — added to Principal	$ 69.94			
Income from Fund for Maintenance of Gardner Building — added to Principal	697.60			
Balance of income accrued to Aural Surgeons' Fund —not expended — added to Principal	31.73			
Income from George Strong Derby Memorial Fund—unexpended	491.28	1,290.55	$ 75,438.61	
*Contributions for general purposes			805.10	

REPORT OF THE TREASURER (*Continued*)

Miscellaneous Income:

From the Community Federation of Boston—1936	$ 16,152.50		
From the Community Federation of Boston—1937	20,190.00		
From the Estate of Charles G. Greene	500.74		
From the Estate of Elisha V. Ashton	2,300.00		
Transfer from Special Purpose Funds	5,049.11	44,192.35	120,436.06

Excess of Income Receipts over Ordinary Disbursements—for the Year Ending December 31, 1937	$ 2,818.05
Deduct:	
Extraordinary Expenses:	450.88
Balance—Excess of Income Receipts over Total Disbursements—for the Year Ending December 31, 1937—Transferred to General Fund	$ 2,367.17

JAMES DEAN,
Treasurer.

Patterson, Teele and Dennis,
Auditors.

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*There were also contributions for various special purposes amounting to $7,984.86 (including $1,746.96 for Social Service) which have been added to Principal of Special Purpose Funds.

INVESTMENT SECURITIES

December 31, 1937

BONDS	
$36,000	U. S. Treasury Notes, 2½%, September 15, 1938
5,000	U. S. Treasury Notes, 2⅛%, June 15, 1939
2,000	U. S. Treasury Notes, 1⅜%, September 15, 1939
25,000	U. S. Treasury Notes, 1½%, June 15, 1940
5,000	U. S. Treasury Notes, 1½%, March 15, 1941
10,000	U. S. Treasury Notes, 1⅜%, June 15, 1941
2,000	U. S. Treasury Notes, 1¾%, March 15, 1942
10,000	U. S. Treasury Bonds, 3¼%, August 1, 1941
62,000	U. S. Treasury Bonds, 3¼%, October 15, 1945
20,000	U. S. Treasury Bonds, 2¾%, September 15, 1947
10,000	U. S. Treasury Bonds, 3%, June 15, 1948
5,000	U. S. Treasury Bonds, 2¾%, March 15, 1951
35,000	U. S. Treasury Bonds, 2¾%, June 15, 1954
5,000	U. S. Treasury Bonds, 2¾%, September 15, 1959
7,000	U. S. Treasury Bonds, 2⅞%, March 15, 1960
20,000	Albany & Susquehanna Railroad registered 3½s 1946
15,000	American Telephone & Telegraph Company 5½s 1943
10,000	American Telephone & Telegraph Company 3¼s 1966
9,000	Appalachian Power Company 1st 5s 1941
20,000	Atchison, Topeka & Santa Fe Railway Co. General 4s 1995
10,000	Belgium, Kingdom of, 6½s 1949
15,000	Blackstone Valley Gas & Electric Company 4s 1965
10,000	Boston & Albany Railroad 4½s 1943
10,000	Boston Terminal Company registered 3½s 1947
14,000	Boston & Maine Railroad Series "V" 5s 1942
1,000	Boston & Maine Railroad Series "Z" 5s 1943
9,000	Boston & Maine Railroad Series "AA" 5s 1944
1,000	Boston & Maine Railroad Series "DD" 5s 1945
3,000	Bush Terminal Buildings Company 1st 5s 1960
10,000	Butte Electric & Power Company 1st 5s 1951
10,000	Canada, Dominion of, 2¼s 1944
20,000	Canada, Dominion of, 3¼s 1961
25,000	Canadian Pacific Railway Company Equipment Trust 5s 1944
10,000	Central New York Power Corporation General 3¾s 1962
10,000	Chesapeake & Ohio Railway Company General 4½s 1992
20,000	Chicago, Burlington & Quincy Railroad 1st & Ref. 4½s 1977
8,500	Chicago City Railway Company 1st 5s 1927 (C/D)
25,000	Chicago Junction Railways & Union Stock Yards 4s 1940
1,000	Chicago Junction Railways & Union Stock Yards 5s 1940
25,000	Chicago & Northwestern Railway Company 4¾s 1949
10,000	Cincinnati Gas & Electric Company 1st 3½s 1967
20,000	Cincinnati Union Terminal Company 5s 1957
20,000	Florida Power & Light Company 1st 5s 1954
25,000	General Motors Acceptance Corporation Note, February 2, 1938
25,000	General Motors Acceptance Corporation Note, February 17, 1938
5,000	General Motors Acceptance Corporation debenture 3s 1946
10,000	General Motors Acceptance Corporation debenture 3¼s 1951

10,000	Georgia Power Company 1st & Refunding 5s 1967
10,000	Great Northern Railway Company General 3¾s 1967
20,000	Hudson & Manhattan Railroad Company 1st 5s 1957
20,000	Illinois Power & Light Company 1st & Refunding 5s 1956
20,000	Illinois Steel Company debenture 4½s 1940
10,000	Inland Steel Company 1st 3¾s 1961
15,000	Jacksonville Terminal Company Ref. & Ext. 5s 1967
15,000	Lake Shore & Michigan Southern Railway Company registered 3½s 1997
10,000	Long Island Railroad Company refunding 4s 1949
20,000	Long Island Railroad Company Unified 4s 1949
7,000	Louisville & Jeffersonville Bridge Company 4s 1945
15,000	Maine Central Railroad 1st 4s 1945
10,000	Memphis Power & Light Company 1st refunding 5s 1948
10,000	Michigan Central Railroad Company 1st 3½s 1952
10,000	Mississippi River Power Company 1st 5s 1951
20,000	Missouri Pacific Railroad Company 1st & Refunding 5s 1977 (C/D)
14,000	National Steel Corporation 1st 4s 1965
10,000	Newton, City of, registered 4¼s 1938
10,000	Newton, City of, registered 4¼s 1939
4,000	Newton, City of, registered 4¼s 1940
2,000	Newton, City of, registered 4¼s 1941
15,000	New York Central & Hudson River R. R., Michigan Central 3½s 1998
4,000	New York, New Haven & Hartford Railroad 3½s 1947
25,000	New York, New Haven & Hartford Railroad Conv. Deb. 6s 1948
10,000	North Boston Lighting Properties 3½s 1947
15,000	Northern Pacific Railway Company, General Lien & Land Grant 3s 2047
15,000	Ohio Edison Company 1st 4s 1967
35,000	Pennsylvania Power & Light Company 1st 4½s 1981
10,000	Pennsylvania Glass Sand Corporation 4½s 1960
15,000	Pennsylvania Railroad 4¼s 1981
15,000	Philadelphia Electric Co. 1st & Refunding 3½s 1967
15,000	Rochester Gas & Electric Corporation 5s 1962
10,000	St. Johnsbury & Lake Champlain Railroad Company 1st 5s 1944
15,000	St. Louis San Francisco Ry. Co. Equipment Trust 4½s 1942
10,000	St. Paul Union Depot Company 1st Refunding 5s 1972
20,000	Safe Harbor Water Power Corporation 4½s 1979
20,000	Shell Union Oil Corporation 3½s 1951
20,000	Socony-Vacuum Oil Company Debenture 3½s 1950
15,000	Southern Bell Telephone & Telegraph Co. debenture 3¼s 1962
20,000	Southern Pacific Company 4½s 1969
10,000	Toronto, City of, 5s 1938
20,000	Utah Power & Light Company 1st 5s 1944
15,000	Virginia Electric & Power Company 1st & Refunding 4s 1955
15,000	Washington Water Power Company 1st & General 5s 1960
15,000	Western Massachusetts Companies 3¼s 1946
10,000	Western Union Telegraph Company 5s 1960
15,000	Youngstown Sheet & Tube Company 1st 4s 1961

MORTGAGE NOTE

One-fourth interest in $2,240 Mortgage Note of C. B. Heckman due May 22, 1940 on property at 65 Natasco Avenue, Hull, Massachusetts

STOCKS

250 shares Algonquin Printing Company
100 shares American Can Company, common
150 shares American Sugar Refining Company, preferred
400 shares American Telephone & Telegraph Company
204 shares Atchison, Topeka & Santa Fe Railway Company, common
200 shares Borden Company, common
100 shares Boston Edison Company
100 shares Boston Real Estate Trust
16 shares Boston & Maine Railroad Company, 1st preferred "A"
32 shares Boston & Maine Railroad Company, 6% preferred
100 shares Chicago Junction Railways & Union Stock Yards Company, preferred
200 shares Cleveland Electric Illuminating Company, $4.50 preferred
200 shares Consolidated Edison Company of New York, common
200 shares Consolidated Edison Company of New York, $5.00 preferred
200 shares Consolidated Gas, Electric Light & Power Co. of Baltimore
150 shares Continental Can Company, Inc., $4.50 preferred
25 shares Dwelling House Associates
100 shares Electric Bond & Share Company, preferred
12 shares Fall River Laundry Company
218 shares First National Bank of Boston
500 shares General Electric Company, common
100 shares General Motors Corporation, common
100 shares Hartford Fire Insurance Company
100 shares Liggett & Myers Tobacco Company, common
100 shares Ludlow Manufacturing Associates
200 shares National Biscuit Company, common
188 shares National Shawmut Bank of Boston
100 shares New England Telephone & Telegraph Company
200 shares New York Central Railroad Company
200 shares Pennsylvania Railroad Company
300 shares Phillips Petroleum Company
150 shares Phoenix Insurance Company
200 shares Procter & Gamble Company, common
100 shares Public Service Corporation of New Jersey, $5.00 preferred
200 shares Southern Railway Company, preferred
200 shares Standard Oil Company of New Jersey
90 shares Stevens Manufacturing Company, preferred
180 shares Tacoma Railway & Power Company
100 shares Union Carbide & Carbon Corporation
100 shares Union Pacific Railroad Company, common
200 shares United Fruit Company
200 shares United Shoe Machinery Corporation, common
100 shares United States Steel Corporation, common
300 shares United States Steel Corporation, preferred

SECURITIES HELD FOR WEBER FUND

BONDS	
$1,000	U. S. Treasury Notes, 2½%, September 15, 1938
5,000	U. S. Treasury Notes, 1½%, March 15, 1939
1,000	U. S. Treasury Notes, 1½%, March 15, 1941
500	U. S. Treasury Bonds, 3¼%, October 15, 1945
500	U. S. Treasury Bonds, 2⅞%, March 15, 1960

The Managers gratefully acknowledge receipt of the following legacies during the year 1937:

Estate of George Green Cook	$30.00
Estate of Martha H. Brooks	77.00

RESTRICTED FUNDS

December 31, 1937

1850	Bequest under will of John Bromfield	$10,000.00
1871	Bequest under will of Nabby Joy	10,000.00
1876	Bequest under will of Susan T. Gray	1,000.00
1882	Berkshire Fund	5,000.00
1882	Nathaniel Thayer Fund	54,570.00
1887	Bequest under will of Richard Perkins	10,000.00
1889	Bequest under will of Elisha T. Loring	3,500.00
1890	Ellen M. Gifford Fund	5,000.00
1892	Bequest under will of J. Huntington Wolcott	1,500.00
1895	Bequest under will of Samuel E. Sawyer	2,382.20
1896/7	Ann White Vose Fund	18,591.54
1898	Bequest under will of Henry L. Pierce	20,000.00
1898	John W. and Belinda L. Randall Fund	30,000.00
1898	Weber Fund	8,420.95
1899	Theodore Chase Memorial Fund	2,500.00
1901	Aural Surgeons Fund	16,009.00
1901	Bequest under will of Henry Saltonstall	10,000.00
1907	Adelaid Lecompte Spalding Fund	25,000.00
1909	Bequest under will of Frederick R. Sears	20,000.00
1912	Julia M. Moseley Fund	6,190.47
1912	The Fund for Maintenance of Gardner Building	18,128.40
1912	Social Service Fund	5,000.00
1914	Mitchell A. Dearborn Fund	1,000.00
1914/15	Bequest under will of William S. Hills	10,000.00

1915	Bequest under will of Harriett Otis Cruft	10,000.00
1921	Bequest under will of Clara B. Kimball	1,050.00
1921	Bequest under will of Charles Frederick Smith	8,663.00
1923	Charles B. R. Hazeltine Fund	10,000.00
1923	Harriet S. Hazeltine Fund	3,000.00
1923	Bequest under will of William F. Watson	6,000.00
1924	Bequest under will of Joseph B. Glover	28,936.58
1924	Bequest under will of Anna P. Rogers	10,000.00
1927	Alice Lee Thomas Stevenson Fund	10,000.00
1927	Charles C. Ely Fund	5,000.00
1927	Dr. E. H. Bradford Fund	1,000.00
1927	Levina B. Urbino Fund	500.00
1927	Walter C. Lewis Fund	25,000.00
1928	Mary Lowell Stone Fund	2,450.00
1931/2	George C. Pierce Fund	34,251.95
1931/6	Bequest under will of Elizabeth R. Stevens	538,654.99
1932/6	George Strong Derby Memorial Fund	13,050.10
1934	Hannah H. Kimball Fund	1,000.00
1935	Henry Clay Jackson Fund	25,500.00

REPORT OF THE LADIES' VISITING COMMITTEE

We have tried this year, as we did last year, to carry on our purpose of being of some practical assistance to the Board of Managers and to the Staff of the Hospital, in maintaining and furthering the welfare of the patients and nurses.

The weekly visits to the Hospital by members of the Committee who enjoy reading and writing letters for the patients, have continued as usual and one of our members has visited the patients once or twice every week as she has done for many years past. Another member has again donated the services of a reader for one morning a week.

During the year we have given $200 for special nurses when needed, for patients who cannot afford them. We have also given Miss Almy two new devices to aid the hard of hearing patients when conversing with her workers.

We have redecorated another sitting room in the Nurses' Home, given special bedside tables for the second and third floors in the Infirmary and ten new Gatch beds. We have also installed Venetian blinds in the rooms in the Private Ward and in the Admitting Office to relieve the heat there in the summer.

The fund for breast milk for premature babies has been continued as before and money has been donated to the Occupational Therapy Department as usual for supplies, magazines for the patients, etc. We have also given daily papers for the Nurses' Home. At Christmas time we gave money for a Christmas party for the nurses and for special decorations as well as wreaths for the windows. Individual members of the Committee also generously gave a Christmas tree for the yard, plants for the wards, candy, and toys for the Nursery.

The Committee worked harder this year than ever before over the annual Rummage Sale and the results were most gratifying. We wish to thank Mr. Fessenden for getting the shop for the sale and the nurses and friends of the Hospital who gave us their support. We also wish to thank Dr. and Mrs. Mosher for lending us their house and for being in every way so generous and helpful.

In October we asked Miss Harriet Robeson to make a survey and report of the Occupational Therapy Department of the Hospital. This report was made by Miss Robeson at the suggestion of Mrs. Green, (Head of the Boston School of Occupational Therapy) for the purpose of giving our Committee a better understanding of what work was being done in the Hospital, how much it was needed and how we could be of more help to Miss Wade. We are very grateful to Miss Robeson for her excellent report and for her helpful suggestions which we hope to be able to carry out this year. We again want to thank Miss Wade for her untiring efforts in carrying on the Occupational Therapy Department under such trying conditions.

Our Committee took charge of the Open House day at the Infirmary again this year and served tea to over seventy-five people who came to see the Hospital.

We learned of Miss Smith's resignation with regret and miss her at our meetings but take this opportunity to welcome Miss Almy who has already been most helpful to us. Every year we appreciate more and more the unfailing courtesy and patience of Miss Robertson and Miss Tarbox and their helpful co-operation.

Our aim for 1938 is to establish a general fund, to be added to from year to year, the income from which we hope will eventually insure our continued support of certain definite needs of the Infirmary which we have been responsible for in the past.

Helen M. Sargent,
Chairman Ladies' Visiting Committee.

REPORT OF THE DIRECTOR

To the Managers:

Gentlemen: Herewith is submitted my third report as Director and the annual report for the year 1937. The number of patients in both the public and private ward has been practically the same as in 1936. During certain months the facilities of the Infirmary have been taxed to the utmost; during other months there have been many vacant beds. The largest number of patients admitted during any one day was 45, the largest number discharged 38. The highest occupancy of the House was 174 on January 27th, the smallest number of patients in the House 101 on December 26th. This cyclic occupancy seems unavoidable.

The partial restoration of salaries beginning April, 1936, a slight increase in personnel, the rise in prices of many commodities increased the hospital operating deficit by $18,000, from $95,282 in 1936 to $113,546 in 1937.

Although no large legacies have been received during the year the Infirmary has benefited from gifts from its many interested friends and supporters. Equipment for the operating room and nursery from Mrs. Richard C. Curtis: comfortable chairs for private rooms from Mr. Charles P. Curtis: an anesthesia machine from Dr. George H. Wright: an electric fan from Mrs. S. A. Sargent, Jr. From the Metropolitan Chapter of the Red Cross and the Needlework Guild of America dressings, rompers and gowns and from Dr. and Mrs. H. P. Mosher many beautiful flowers.

The activities of the Ladies' Visiting Committee have increased, if that is possible, reaching a climax in the most successful rummage sale ever recorded by the Infirmary. The interest of the members of this committee brings a friendly atmosphere to the Infirmary which would otherwise be lacking.

Their many gifts, their friendly visits are appreciated by both patients and employees.

STAFF CHANGES

PHILLIP HAMMOND, M.D., died February 7, 1937, a member of the Infirmary Staff for 44 years. Aural Interne, 1893; Clinical Assistant, 1896; 3rd Aural Surgeon, 1899; Aural Surgeon, 1906; Aural Chief of Service, 1920; Consulting Aural Surgeon, 1932.

ALF C. LOOTZ, died February 21, 1937; Superintendent of Works since 1922. A quiet, capable man who overcame physical handicaps to accomplish his work in an enduring and efficient manner.

AMY G. SMITH, Chief of Medical Social Service since June 1925 resigned October 1, 1937. During her 12 years of service Miss Smith contributed much to the development of Social Service in its application to the medical social problems of patients with eye and ear conditions. Her ability, her friendly sympathetic interest was appreciated by all with whom she came in contact. She will be long remembered.

MARGARET N. KLEINERT, M.D., resigned June 29, 1937, having served as Assistant Surgeon in Oto-Laryngology since 1931.

HENRY HIXON MEYER, appointed to Board of Managers April 12, 1937.

HELEN J. ALMY, appointed Chief of Medical Social Service October 1, 1937. Miss Almy was graduated from Radcliffe College and Simmons College School of Social Service. She came to us from the Colorado General Hospital, Denver.

On January 1, 1937, the patients' records of the Infirmary and of the various departments of the Massachusetts General

Hospital were combined into a single unit record system. Each patient entering any department of either hospital now receives a unit number and the entire medical record regardless of the departments in which the patient may be treated is contained in a single folder. The change which in the Out-Patient Department created a lot of extra work by Staff and secretaries during the first six months was accomplished successfully. The Director is sure that the saving in time in the handling of records in the future and the completeness of each patient's record will justify the change.

Certain changes in the admission of patients to Out-Patient Clinics have been instituted whereby greater privacy has been obtained in questioning patients for admission. The appointment system for return visits is gradually being instituted and a limitation of the number of both new and old patients has been established, rendering the work of the clinics more orderly and doing away with some of the overcrowding.

Workmen's Compensation Act patients were removed from the private floor on December 15, 1936 and admitted to the smaller wards on the public floors. This change has been of benefit both to the private floor where there was great need at times for more beds and has provided more congenial surroundings for the Workmen's Compensation Act patients.

Through the interest and support of Mrs. Lucien Howe, the Lucien Howe Library of Ophthalmology has received many interesting books on Ophthalmology and undoubtedly now represents the best collection of books on this subject in the United States. Dr. H. K. Messenger has shown a great interest in Ophthalmological history and is now engaged in writing a history of ophthalmological literature.

The annual House Officers Reunion was held on November 16 and 17 at the Infirmary and Out-Patient Department. The meetings and the annual dinner at the Boston City Club were well attended, a happy combination of scientific and social get-together.

Open House for the Community Federation was held on November 15 and was attended by over 75 people interested in the work of the Infirmary. Each year Dr. Mosher has prepared a window exhibit setting forth Infirmary activities in connection with the Community Fund Drive. The Infirmary receives generous financial aid from the Fund, support without which its activities would be seriously crippled and which is appreciated by Staff and Administration.

The Infirmary became a Hospital member of the Associated Hospital Service Corporation of Massachusetts on September 6, 1937, an Association formed to finance hospital costs through prepayment plans.

The Director wishes to extend his thanks to Miss Annie M. Robertson for her efficient management of the Infirmary. To her should go the credit for its accomplishments for the Director contributes little more than advice and support.

Attention is called to the interesting reports of the Howe and Pathological Laboratories and those of the Ophthalmological and Oto-Laryngological Departments which show clearly the intense and varied activities of the medical staff of the Infirmary.

NEEDS OF THE INFIRMARY

1. Although the Treasurer's report shows the sound financial condition of the Infirmary and emphasizes the care and wisdom of its investments it is clear that with the present endowment a gradual reduction in income must be faced and that the outstanding need is for many and larger gifts to this general endowment fund. The attention of all philanthropically minded persons is called to this need with the hope that they will generously respond so that the Infirmary may continue to serve New England in the future as it has in the past.
2. For many years the Ophthalmological Department has

sought funds for the development of a Chemical Laboratory wherein it could carry on research. The application of chemistry to ophthalmological problems is a field which has never been adequately pursued or developed.

3. New operating rooms are much needed. To provide them major changes in the building will be necessary. A gift that will make this possible is much desired.

4. Occupational Therapy offers much to Infirmary patients. The Infirmary funds at present can support only one worker. Another worker is needed.

Respectfully submitted,
Nathaniel W. Faxon, M.D.
Director.

DIRECTOR'S FINANCIAL STATEMENT

January 1, 1937 to January 1, 1938

OPERATING EXPENSES	1937	1936
Salaries and Wages		
Administration—Officers, Clerks, Messengers	$29,825.77	$28,311.18
Telephone	1,498.20	1,394.90
Dietary—Kitchen and Serving Room	17,395.53	16,625.28
Household and Property		
Housekeeping	2,554.88	2,522.53
Cleaners and Maids	15,195.32	15,141.50
Laundry	6,018.58	6,056.36
Maintenance and Repair	12,295.46	12,494.56
Store	1,925.42	2,069.30
Professional Services		
Physicians and Surgeons	6,549.20	6,475.40
Opticians	6,197.99	6,049.29
Refractionists	11,324.27	11,084.01
Nursing—Superintendent and Assistants	3,936.14	3,844.24
Graduate Nurses	43,079.68	43,345.50
Post Graduates and Pupils	486.21	419.67
Attendants and Ward Maids	14,077.16	14,317.27
Orderlies	14,050.59	13,611.48
Nurses' Home, Maids and Matrons	2,778.25	2,725.24
Medical Records and Library	12,517.39	6,344.36
Social Service	12,994.32	12,793.27
X-Ray Operators and Clerks	7,435.45	7,375.06
Laboratories	7,103.75	6,098.56
Apothecary	3,784.89	3,277.54
Occupational Therapy, Kindergarten Workers	2,717.63	2,779.25
Total	$235,742.08	$225,155.75
Special Nurses	24,269.00	20,006.75
Total Salaries and Wages	**$260,011.08**	**$245,162.50**

OPERATING EXPENSES	1937	1936
Supplies		
Administration—Office, Telephone, Insurance	$13,578.52	$13,706.57
Dietary—Food	55,669.09	53,168.52
Other Expenses	493.51	1,421.31
Household and Property		
Housekeeping	9,452.77	10,136.79
Laundry	1,804.46	2,239.22
Heat, Light, Power, Water—Hospital	20,009.08	18,450.47
Maintenance and Repairs	10,238.27	10,749.47
Professional Services		
Medical and Surgical Supplies	39,203.14	34,667.21
Optical Supplies	18,955.08	16,804.64
Medical Records	3,622.09	802.05
Social Service	2,019.14	2,434.41
X-Ray	4,600.15	3,624.45
Laboratories	2,787.71	2,273.69
Heat, Light, Power, Water — Nurses' Home	2,381.72	2,587.31
Uniforms—House Officers, Attendants, etc.	976.61	953.02
Carrying Charge Out-Patient Department	14,630.40	14,630.40
Miscellaneous	1,185.47	2,073.60
Total Supplies	$201,607.21	$190,723.13

DIRECTOR'S FINCANCIAL STATEMENT—*Continued*

HOSPITAL RECEIPTS	1937	1936
RECEIPTS		
Board, Private Patients	$54,254.70	$51,689.78
Operating Room, Private Patients	13,834.00	12,817.10
X-Rays, Private Patients	2,051.00	2,010.00
Miscellaneous, Private Patients	739.15	274.35
Board, Ward Patients	95,713.86	95,724.63
Operating Room, Ward Patients	17,582.45	17,800.50
X-Rays, Ward Patients	16,275.87	14,992.56
Miscellaneous, Ward Patients	556.00	510.60
Admissions, Out-Patient Department	33,685.87	32,558.58
Refractions, Out-Patient Department	10,303.90	10,394.63
Optical, Out-Patient Department	51,905.38	55,767.02
Operating Rooms, Out-Patient Dept.	1,844.25	721.35
Apothecary	17,229.43	15,388.57
Miscellaneous	5,967.46	6,463.91
Emergency Ward	2,090.65	2,117.35
Clinical Records	788.81	1,249.30
Total	$324,822.78	$320,480.23

HOSPITAL RECEIPTS	1937	1936
Special Nurses—Private	19,586.25	18,587.80
Special Nurses—Wards	4,110.50	2,362.50
Total Hospital Receipts	$348,519.53	$341,430.53

SUMMARY, 12 MONTHS	1937	1936
Salaries and Wages	$260,011.08	$245,162.50
Supplies	201,607.21	190,723.13
Total Maintenance Expenses	$461,618.29	$435,885.63
Extraordinary Expenses	450.88	827.32
Total Hospital Expenses	$462,069.17	$436,712.95
Total Hospital Receipts	348,519.53	341,430.53
Excess of Expenses over Receipts	$113,549.64	$ 95,282.42

REPORT OF THE DIRECTOR

STATISTICS

JANUARY 1, 1937 TO JANUARY 1, 1938

HOUSE PATIENTS

Number of patients:	In Ward Jan. 1, 1937	Admitted	Treated	Remaining Dec. 31, 1937
Public Wards:				
Eye	59	2,290	2,349	58
Ear	27	481	508	27
Nose and Throat	45	2,871	2,916	24
Total	131	5,642	5,773	109
Private Ward:				
Eye	7	784	791	10
Ear	2	73	75	4
Nose and Throat	7	817	824	12
Total	16	1,674	1,690	26
Total Public and Private Wards	147	7,316	7,463	135

Average number of patients treated daily in Public Wards	117+
Average number of patients treated daily in Private Wards	29+
Average number of days patients remained in hospital	7+
*Number of days board furnished free Public Wards	15,238
*Number of days board paid at full rate Public Wards	27,743
Number of days board paid in Private Ward	10,874
Total number of patients' days	53,855

OPERATIONS

Public Ward:	Eye	2,275
	Ear, Nose and Throat	3,428
Private Ward:	Eye	798
	Ear, Nose and Throat	732
	Total	7,233

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*These figures are obtained by taking the amount of money received for board of patients in public wards and dividing that figure by the full rate of board prevalent at that time. This gives the number of paying patients, reckoned as though they were paying full rates. By substracting this figure from the total of patients' days we get the number of free days.

PER CAPITA COSTS AND RECEIPTS

Costs:	
Per week, including special nurses, Public and Private Wards	$44.20—
Per week, not including special nurses, Public and Private Wards	41.04+
Per day, including special nurses, Public and Private Wards	6.31+
Per day, not including special nurses, Public and Private Wards	5.86+
Of food all persons	.46—
Receipts per day:	
Including special nurses, Public Wards	3.01+
Not including special nurses, Public Wards	2.92—
Including special nurses, Private Ward	8.32+
Not including special nurses, Private Ward	6.52—
Including special nurses, Public and Private Wards	4.02—
Not including special nurses, Public and Private Wards	3.65—
On board only, Public Wards	2.23—
On board only, Private Ward	4.99—
On special fees, Public Wards excluding board and special nurses	.72—
On special fees, Private Ward excluding board and special nurses	1.53—

Public Ward patients were admitted at the following rates: 59 at $28.00; 3,499 at $24.00; 59 at $21.00; 2 at $20.00; 14 at $18.00; 5 at $17.50; 51 at $15.00; 7 at $14.00; 268 at $12.00; 87 at $10.50; 734 at less than $10.50; 857 admitted free.

Private Ward patients were admitted at the following rates: 1,165 at $28.00; 30 at $35.00; 4 at $42.00; 472 at $49.00; 3 at $63.00.

Condition of Public Ward Patients on Discharge

Untreated		0
Against advice		15
Died		46
Otherwise discharged		5,603
Patients' days treatment:		
(Reckoned from discharge payments)		
Paying Patients	36—%	15,390
Part paying patients	42+%	18,055
Free patients	22+%	9,435
Total		42,880

Beds:	Public	189	Private	42	Total	231
Occupied:	Public	62%	Private	71%		

OUT-PATIENT DEPARTMENT

	New Patients	Revisits	Total Visits
Eye	9,820	44,090	53,910
Ear	4,661	22,228	26,889
Nose and Throat	3,699	16,905	20,604
Total	18,180	83,223	101,403
Daily average			336—
Patients treated in Emergency Ward			2,765
Percentage of free visits reckoned from total number of free visits Massachusetts General Hospital and Massachusetts Eye and Ear Infirmary combined Out-Patient Department			30%+

INVENTORIES

Store-Room Inventory:	Jan. 1, 1938	Jan. 1, 1937
General Administration	$ 1,443.76	$ 1,131.04
Housekeeping and Kitchen	1,979.32	3,980.41
Canned Goods, Groceries, Etc.	2,118.20	2,536.19
Medical and Surgical	727.19	496.61
X-Ray Department	492.17	257.31
Maintenance Supplies	355.73	362.92
Optical Department Inventory	6,102.43	6,495.36
Total	$13,218.80	$15,259.84

REPORT OF THE WORK OF THE GARDNER BUILDING

January 1, 1937 to January 1, 1938

During the past year 339 patients were treated in the Gardner Building. Of these 14 were treated for gonorrheal ophthalmia neonatorum and 66 for non-gonorrheal ophthalmia neonatorum. At the time of entrance the cornea was involved in four cases of gonorrheal ophthalmia neonatorum and was clear on discharge. At the time of entrance the cornea was involved in one case of non-gonorrheal ophthalmia neonatorum and was clear on discharge. The cornea became involved in two cases of gonorrheal ophthalmia neonatorum after admission, and in no case of non-gonorrheal ophthalmia neonatorum.

There were 10 patients treated for gonorrheal suppurative conjunctivitis and 26 for non-gonorrheal suppurative conjunctivitis. At the time of entrance the cornea was involved in eight cases of non-gonorrheal suppurative conjunctivitis and was clear on discharge. At the time of entrance the cornea was involved in four cases of gonorrheal suppurative conjunctivitis and was clear on discharge. The cornea became involved in no case of gonorrheal suppurative conjunctivitis and in one case of non-gonorrheal suppurative conjunctivitis after admission.

There were also 14 patients treated for trachoma.

Twenty-six patients were transferred to Gardner Building with erysipelas and other infectious diseases which manifested themselves in the general wards of the Infirmary. Of the remaining 183, 176 were admitted with infectious diseases and 7 with a question of infectious diseases.

REPORT OF THE NURSING DEPARTMENT

January 1, 1937 to January 1, 1938

Census of the Nursing Personnel:

Assistant to Superintendent of Nurses	1
Supervisor	1
Instructor	1
Night Supervisor	1
Assistant Night Supervisor	1
Operating Room Supervisor	1
Operating Room Head Nurses	5
Chief Nurse Anesthetist	1
Assistant Nurse Anesthetists	2
Ward Head Nurses	6
Out-Patient Department Head Nurses	3
Out-Patient Department Refraction Nurses	2
Assistant Head Nurses on Ward	5
General duty graduates, day and night	17
Post-Graduate student nurses	2
Affiliated student nurses	11
Total	60
Attendants	20
Orderlies	16

The nursing personnel of the Infirmary, including the Out-Patient Department, is composed of 24 administrators, 1 full time instructor, 17 floor duty nurses, 13 students, 3 anaesthetists and 2 refraction nurses. The group remains remarkably stable. During the year there have been but seven resignations; all were accepted with regret. The three who resigned from the floor duty group had been with the Institution seven, eight and ten years respectively; the three who resigned from the head nurse group had served the Infirmary seven, five and four years respectively. These facts speak well not only for the young women but for the Infirmary. In an institution which cares for special types of patients, a stable personnel is particularly important.

Miss Lyyli Eklund, who had been the full time instructor since August, 1931, resigned in September to enter the Department of Nursing Education of Teachers College, New York. In June she hopes to receive the Bachelor of Science Degree with a major in the teaching of those sciences that relate to nursing. It is greatly to Miss Eklund's credit that during the years she has been at the Infirmary she has kept consistently furthering her education by taking courses in the local colleges during the school years, and by getting away for more concentrated study during the summers. A former instructor, Abby-Helen Denison, published "A Text-book of Eye, Ear, Nose and Throat Nursing" in 1929. Since the Fall of 1936 Miss Eklund has been busy at the revision of that text-book and the new edition has just been published. Miss Scherer has succeeded Miss Eklund and she, in turn, has begun her special preparation by attending summer school at Simmons College.

In the group of affiliating students there have been no changes. Certificates have been given to 42 students from the Massachusetts General Hospital, 12 from the New England Deaconess Hospital, 14 from the Melrose Hospital and also to 13 Post-Graduate Nurses.

Several pieces of new equipment have been added by the Ladies' Visiting Committee whose members work hard and cheerfully, year after year, in their endeavor to meet needs that never end. Both the nurses and the children in the Nursery have welcomed the new square trays and the divided dinner plates, and the patients in the semi-private wards have appreciated the new bedside tables. The Committee's gift to the Private Floor was Venetian blinds. One of the members of the Committee gave a new operating room table. The major project of the Committee this year was the refurnishing of the library in the Nurses' Residence. While it did have the essential features of a satisfactory reception room, it was formerly an unattractive, inadequately furnished room. Now refurnished, it is pleasant and attractive and is more enjoyed by the nurses and attendants.

As one reviews the nursing department for the year 1937, there seem to have been only minor activities, but, after all, to have provided the nursing care for 7,316 patients in the House and for 101,403 patients in the Out-Patient Department is in itself a major activity.

Respectfully submitted,

SALLY JOHNSON, R.N.
Superintendent of Nurses.

REPORT OF THE MEDICAL SOCIAL SERVICE DEPARTMENT

The new Director of the Social Service Department is keenly aware of the responsibility which she has inherited to keep up the standard of achievement of the past years. With only three months in the Department it is not possible to speak at first hand of the year's work. It might, therefore, be interesting in place of the usual figures, which do not differ conspicuously from those of last year, to give some impressions regarding the department and possible lines of development.

One receives a marked feeling of a friendly hospitable atmosphere and a very active interest in Social Service on the part of the Director of the Hospital and Out-Patient Department, the President of the Board of Managers and the Ladies' Visiting Committee. Besides their regular donations the Ladies' Visiting Committee has subscribed to three Social Service periodicals for us and has, moreover, purchased an ear phone which greatly facilitates certain interviews with the hard of hearing patients.

Eye Social Service. An early impression connected with the activities of this department is that a very large amount of time seems to be spent in making the financial adjustments for glasses. The importance of this problem cannot be minimized nor can the Social Worker evade responsibility for handling it, since it requires social adjustment, awareness of community resources and ability to determine a patient's needs in terms of his ability to pay and hence the amount of help to be given in each individual case. Still it is encouraging to note that the figures are slightly smaller than last year due to the fact that a large number of patients referred to us from outside agencies, with a guarantee for glasses but presenting no other problems, were referred directly to the administration.

In an effort to discover just what the "glass" situation is, a study of the cases which were referred to the Social Service

Department in 1937 has been made. It reveals that 55% of the recorded cases and about 39% of the unrecorded work are concerned with financial adjustments. The corollary of this, of course must be that the department is overloaded with these to the extent that it is missing some very important services for the patients whose eye disease is causing a real visual or emotional handicap. These need help in understanding their condition and adjusting to it.

The financial report of the "Glass Cases" is as follows:

Number of patients interviewed by Social Service in regard to glasses, including 18 for artificial eyes		933	
Number of glasses secured by patients through Social Service		730	8
Cost of these glasses and protheses		$2,813.91	34
Social Service paid	$710.55		1360
Patients paid	735.80		108
Community Agencies and friends paid	499.10		12
Community Federation Fund paid	868.46		10
Number of patients who paid part or total cost of glasses		335	26

There is another factor brought out in the statistics which deserves consideration, for it perhaps means that a slight change in organization will make for a wider service to patients. This is the decreasing number of patients coming to us with certain diagnoses which have absorbed much time and study in the past because of their seriousness from the public health standpoint, and because of the threat of blindness to the patient. I refer especially to Ophthalmia Neonatorum, Phlyctenular Keratitis and Interstitial Keratitis. Due to the intensive campaigns in which the leading part played by the Massachusetts Eye and Ear Infirmary is well known, the incidence of these diseases has been greatly reduced. In 1937 out of 472 new patients referred to us 14 had Gonorrheal Ophthalmia Neonatorum, 20 Interstitial Keratitis and 27 Phlyctenular Keratitis. This is significant when the general intake to the eye service has shown an increase. We are, therefore, trying out a plan of generalized service in the clinic instead of the former method of assignment by diagnoses. Each worker will be on service on certain days and on those days will take care of any problems which the physicians wish to refer. In addition, the list of diagnoses with special social significance is being re-studied in consultation with the Ophthalmic Staff, so that at least patients with these diagnoses may receive a social interview. We hope to discover in this way which patients seem well able to go on "under their own steam" and which have emotional, social or financial difficulties for which they need our help. We shall of course, continue the follow-up of patients who need to be rechecked at certain intervals; this can, perhaps, be centralized so as to be effective, yet not too time consuming.

The glaucoma patients have not been mentioned in the foregoing. The reason is that they seem to present a special problem and to have special needs which are best served by continuing to have them under the supervision of one worker. The clinic procedures for them are more complicated than for other patients and they often have lost so much vision that they need escort service as well as interpretation. Worry and confusion are bad for them and the worker can save them some of the stress inevitable in our busy clinics. Unfortunately too, there seem to be more glaucoma patients this year than in recent years, judging from the follow-up list which now numbers over 1300. The plan of a special worker assigned to the wards and to Gardner will also be continued.

Aural Social Service. We have continued to work in close cooperation with the schools, reporting to the Department of Education the children for whom the doctors advise lip reading instruction. There is much interpretive service also to be given to the adult deafened, who need information regarding both lip reading classes and hearing aids. The Boston Guild for the Hard of Hearing is always helpful to these patients, giving demonstrations, advice, and occasional donated hearing aids. The otologists manifest concern for the social needs of their patients and seem to welcome the contribution of the social worker to the Ear service. The difficulty is that there is only one worker to handle the many problems which are referred.

We feel that the Ear Service is especially important at this time because of awakening State interest in behalf of the hard of hearing and the deafened. There is for instance a Bill pending in the Legislature to increase facilities for lip reading instruction in the State and the outlook for its passage this year is favorable. Present facilities for this most important instruction are woefully lacking outside of the larger cities. This recognition of the needs of the hard of hearing may be a step toward the establishment of a state Commission for the Deaf, similar to the Commission for the Blind; a Commission which would deal with education and with special training and employment for the adult deafened. The Infirmary has here an opportunity to educate the public on the needs of this group just as years ago its influence was felt in the establishment of more resources for the blind. The Ear Social Worker with this in mind is keeping data on the needs of the deafened who are referred to her.

In some of the procedures of the Ear Social Service which have to do with arrangements for lip reading, and hearing aids, just as in those of the Eye Social Service for glasses the dilemma of the social worker is well expressed in the 1936 report in which Miss Smith states, "The exigencies of the situation take their toll from time that could be allotted to case work study legitimately expected from members of the Social Service Staff." We must look forward to the time when, without neglecting these essential responsibilities, we can expand and develop in the area of medical social case work for a larger proportion of the patients who need that service.

Respectfully submitted,

Helen J. Almy,
Director of Social Service.

REPORT OF THE DIETARY DEPARTMENT

Due to the sharp rise in the cost of food during 1937 the Dietary Department has had an increased problem in planning well-balanced and attractive menus and yet maintain a reasonable per capita. Some of the items which have shown a considerable increase in price are beef, pork, milk, cream, butter, and both fresh and canned fruits and vegetables.

The addition of a part time therapeutic dietitian, Miss Olive Homan, in April has enabled us to contact a great many more patients in regard to diet, to give more time to their individual needs and to give a much more thorough supervision of the preparation and service of food in general.

The special diets for the year totaled four thousand one hundred and thirty-seven, eight hundred more than in 1936. This included twenty-eight different types, one thousand one hundred and seven being diabetic and two hundred and seven tube feedings. Dietary instructions and discharge diets were given in most of these cases.

We were happy to assist the Ladies' Visiting Committee in serving tea to the guests of the Infirmary at Open House on November fifteenth.

At the annual House Officers' Alumni Luncheon held in the Ear Clinic on November seventeenth we served one hundred and fifty guests.

The remodeling of the Doctors' Dining Room has greatly improved its appearance as well as the service of the food. The electric dish warmer and food truck are also valuable additions. One of the most appreciated pieces of equipment in the department is the new Coffee Urn in the Nurses' Dining Room which enables us to serve a good hot cup of coffee or tea at any meal.

We have continued to give instruction to the Student Dietitians from the Massachusetts General Hospital throughout the year.

Respectfully submitted,

Eunice V. Cox,
Dietitian.

REPORT OF THE OCCUPATIONAL THERAPY DEPARTMENT

Among the more enduring satisfactions of the profession of Occupational Therapy are those occasions on which one receives word from a former patient who has gone on with what was learned in the hospital, who has built a good foundation of permanence while ill and perhaps, entirely changed the course of their life through the discovery of latent possibilities in their nature while partaking of some of the activities offered by this department. Such an incident will often make a real reader out of a lad who has "never read a book in my life" but who finds that the covers of a book contain just as much good adventure and excitement as do the "pulps" which he has been in the habit of reading so avidly. He becomes Author Conscious and follows up his hospital reading in his home town or city library often going through the complete list of books by the writers discovered to be "regular" while here.

Two similar occurrences came to our attention recently when the now annual department Christmas card was sent to many widely separated parts of New England to former patients. Some five years ago a girl from a small village in northern Vermont came to the Infirmary to have some plastic work on her ears to supplement the external part which Nature had left unfinished. She became very much interested in weaving on the small loom which at that time was our only piece of weaving equipment. Leather tooling also interested her and she did some very carefully executed purses and wallets always keeping her standard ahead of each former piece. Since her discharge we have heard from her only occasionally when she would write in for information as to where to purchase materials and tools. Now she writes a most interesting account of having a regular studio-shack built in her back yard in which she does her weaving, leather work and in addition is painting Chinese checkerboards. These she does on order and sends all over the country. She has built up a sizeable business through the summer people and is kept busy all the time filling the orders for her various types of crafts. Incidentally she is rather frail having been stricken with infantile paralysis some time prior to her coming to Infimary so that she never could expect to do any very strenuous work. However, had she not been able to try different types of activities while here, her real potentialities might not have been discovered so readily as the opportunity and equipment for such things is not available in her locality.

Another outstanding event was the arrival of a book of poetry, written and published by one of the first patients who was operated on for Separation of the Retina. Many of the poems were composed here while she was lying with head absolutely immobile for the six weeks necessary for her treatment. Mornings when the therapist would visit her she usually had one or two new verses to be written down which she had composed during the wakeful hours of the night. She was a person of culture and refinement, a school teacher, who had to learn to use her hands for games and the like more than along the craft line in order that they would be limber for reading and writing Braille. She writes that she finds much happiness and enjoyment with no room for any but positive ideas when in the throes of composing her lovely thoughts in poetic form.

The hoped for affiliation of students who are slated for six weeks training at the Massachusetts General Hospital has been worked out successfully and proven with the two groups which have had the combined program since October. The schedule is of necessity, a very full one but it is definitely agreed to be most valuable for the students to have the two weeks at the Eye and Ear Infirmary and four weeks at the Massachusetts General Hospital which constitutes the program. There are two oral case studies presented by the students at meetings of the combined departments; one written case study which entails a great deal of outside reading and research. The clinics, movies of operations, and staff meetings, as well as the lectures which the student nurse group get from the staff members are attended by both students as each individual schedule is worked out. The greatest drawback is of course the large amount of excellent material which must be boiled down to fit the very short stay of the student here.

In the busy holiday season we were most fortunate in having the volunteer services of two of the members of the Ladies' Visiting Committee. Miss Emily Davis made seventy large decorative red and silver candles with green leaves for all of the hospital windows. These were most effective from the outside as well as from the bedside. Miss Ann Soule made two amusing poster enlargements of Christmas card designs for wall decorations which brought smiles to the faces of the patients who had to remain in the Infirmary over the holidays. She also did some good modern printing on about a dozen large posters for the Open House in November, the pictures for which were taken by the therapist and a student, of various group and individual activities of the patients under our supervision at the time.

It is to be hoped that in the near future the Passive Process of having all activities and treatment brought to the patient may give way to the Active, Vital reaction attained by going to a shop for occupational treatment. The now necessary View-Horizontal of the bed-patient could then be changed to the View-Vertical of even the wheel chair trip to a different part of the building from that in which so many hours have been spent. When one is up and out of bed it is so much easier to keep their attitude and outlook on life upward and outward, objective rather than subjective. Our problem is how to carry that attitude of vital necessity to life to the patient whether he is in bed or must have his Occupational Therapy at the bedside.

Helen K. Wade, O.T. Reg.
Occupational Therapist.

REPORT OF THE PATHOLOGICAL LABORATORY

The Pathological Laboratory fulfills its primary purposes of furnishing diagnoses of pathological material and providing routine clinico-pathological examination with reasonable efficiency.

Of the outstanding routine work the microscopic tissue diagnoses of the tumor specimens always seem of chief importance. Most interesting of these are malignant melanomata of the choroid. However, several iris tumors, tumor of the retina, and tumors of the external surface of the globe and of the orbit have been studied.

Study has been directed particularly to a case of so-called disciform degeneration of the retina to determine if possible any criterion by which clinical differentiation of this condition from malignant melanoma can be made. Also, similar consideration has been given in the clinical differentiation of massive retinoblastoma from tunica vasculosa lentis.

Many other interesting cases were studied of which, however, duplicates of the condition were already present in the laboratory collection from preceding years.

Specimens of all malignant melanoma on which follow-up work is possible were submitted to the Army Medical Museum at Washington for study of reticulum fiber content to determine whether or not this type of differentiation is of prognostic value. This type of study was originated at the Army Museum.

Within the last year routine elastic tissue stains have been done on sections of the sclera in an effort to determine the relative amount of elastic tissue in various pathological conditions.

A study of all cases of epithelialization of the anterior chamber has been made by Dr. Terry and Dr. A. L. Schonberg and is in the course of preparation for publication. Dr. Terry, has been able to produce this condition in experimental work.

Dr. Julian F. Chisholm has been working on the normal lymphatic channels of the eye. Little is known on this subject. Technical difficulties have not been overcome and as yet little headway has been made.

Due to the new arrangement ophthalmic House Officers begin their work with three months in the laboratory. Necessarily, a great part of this time is devoted to study. Still, some time is being devoted to some of the more simple problems in eye pathology. Three months of study at the beginning of the internship in addition to the lectures in pathology give the House Officers more adequate training in pathology.

A new and efficient microprojector has been obtained for use in the laboratory through the aid of the Harvard Medical School. This is a great asset in teaching.

The present space available for the laboratory is insufficient. As a result, specimens and slides are not housed properly.

Theodore L. Terry, M.D.,
Pathologist.

REPORT OF THE HOWE LABORATORY OF OPHTHALMOLOGY

Dr. Keeler has continued his attempts to produce intraocular tumors by the introduction of carcinogenic substances into the eyes of mice. Using pellets of dibenzanthracene, he has in 87 mice thus far obtained only one intraocular tumor which, however, has not been examined microscopically to determine its exact nature. Three transplantable orbital tumors resulted from the intraocular transplants, one a spindle cell sarcoma, the others adeno-carcinomata. Control experiments by Dr. Andervont, using the same substance on mice subcutaneously, showed that it was only feebly carcinogenic. Dr. Keeler is, therefore, now employing methyl cholanthrene, which is known to be highly carcinogenic.

Dr. Keeler has also carried out various investigations having to do only secondarily with the eye. He has found that the skins of hairless mice are especially favorable for the production of papillomas and sarcomas. By a simple traumatization of the skulls of hairless mice two papillomas developed in one animal.

With the aid from the Bache and Milton Funds, Dr. Keeler has continued the study of rabbit agglutinogens. With the cooperation of Dr. Trimble of the Department of Biological Chemistry, he has studied the inheritance of high uric acid in dogs. They have found high uric acid to be inherited in a predictable fashion according to the laws of Mendelian recessive characters. Dr. Keeler has studied with conclusive results the inheritance of polydactyly in dogs, the inheritance of a new hair character, caracul, in mice, and the inheritance of exosteostic growths upon the tails of mice. Dr. Keeler is cooperating in the genetic portion of a study of deafness in the guinea pig, a study which is being conducted by Dr. Lurie. In cooperation with Thomas Perry, a second year student, he is studying the inheritance of long appendices which so often result in gangrenous appendicitis.

Dr. King has completed the first five-year period of the investigation of ocular tuberculosis, and an analysis of the results was presented to the New England Ophthalmological Society. This report is to be followed by a more comprehensive paper which will be submitted to the American Ophthalmological Society in June. Chest and abdominal x-ray examinations have been made of a group of patients with ocular tuberculosis in whom the primary complex could not be elsewhere demonstrated. In a surprising number of these patients who were allergic, calcified abdominal glands were demonstrated. To date no lesions have been found in the non-allergic patients. These x-ray studies have been made possible by a special arrangement with the hospital authorities and the cooperation of the x-ray department.

Under Dr. King's supervision, bacteriologic investigations of unusual and interesting cases have been continued.

Mr. Blake has made bacteriologic studies of a great many cases of follicular conjunctivitis, and inclusion bodies have been found almost consistently in the epithelial scrapings of typical cases of inclusion conjunctivitis. A few cases of Beal's conjunctivitis were identified by the absence of inclusions.

Dr. Gundersen has continued his work on corneal diseases with special reference to the herpetic group. Additional cases of stromal herpes have been studied. A total of 54 patients with herpes zoster have been seen. Eighteen of these have been transfused with convalescent blood. It is expected that by observing a sufficiently large series of these cases, the important question will be solved whether or not immunity from diseases caused by filterable viruses can be transferred from one individual to another. Animal experiments on corneal nutrition are being concluded. These consist of autotransplants of pieces of cornae into the anterior chambers. Certain experiments indicate that corneal tissue may remain viable in aqueous alone. Conclusions will be reached when complete histological studies have been made.

In conjunction with Dr. S. B. Wolbach and Dr. O. Bessie of the Harvard Medical School, eye changes occurring in vitamin B deficiency have been carefully studied. It appears that the most consistent sign of lactoflavin deficiency in albino rats is vascularization of the cornea. This develops without active corneal ulceration, but it appears that keratitis epithelialis disseminata (Vogt) does develop prior to the vascularization. This experimentation offers an excellent attack on this obscure condition. More work is in progress and a solution of this important problem seems near at hand.

Dr. Ludvigh and Mr. McCarthy have submitted for publication a paper entitled, "Absorption of Visible Light by the Refractive Media of the Eye." Four other papers, relating to the same subject, are in course of preparation by Dr. Ludvigh.

Dr. Ludvigh has published an article on the theory and application of the concept of the retinal illumination gradient.

Dr. Cogan and Dr. Ludvigh have continued their experimental investigation of the intraocular pressure, but the work along this line has been temporarily suspended while Dr. Cogan is in Europe.

Dr. Ludvigh published an analysis of a method of training eye movements, known as "controlled reading", and concludes that the efficacy of this method remains to be proved.

Dr. Ludvigh has completed the analysis of the results obtained in the investigation of the transmission of visible light by the normal ocular media, as also by cataractous lenses.

The apparatus for the investigation of the contour break acuity test has been installed and calibrated in the large monochromatic illuminating apparatus, and two investigations have been completed. One concerns the contour break visual acuity as a function of intensity; the other concerns the contour break visual acuity as a function of the dimension of the contour perpendicular to the break. It appears that the relatively unnoticed factor of height of contour is of greater practical significance than is the intensity of illumination in producing adequate visual acuity.

Under the supervision of Dr. Ludvigh, the contour break apparatus is being modified so as to permit a still wider range of investigation of this interesting problem.

Dr. Cogan has completed and published his excellent work on the relation of the sympathetic system to accommodation. At present he is on leave of absence from the laboratory and is pursuing investigations abroad.

Dr. Messenger is collecting material for a history of ophthalmological literature.

Dr. Verhoeff and Dr. Rambo are investigating the possibility of overcoming intraocular infection by injecting sulfanilamide directly into the vitreous or anterior chamber. They have already ascertained that a saturated solution of this chemical can be injected in relatively large quantities into the vitreous of rabbits without serious deleterious effects upon the retina or other ocular tissues. Since the resulting concentration is immeasurably greater than that obtained in the blood from doses known to be bactericidal, it would seem that it may now be possible to save many infected eyes that would otherwise be lost.

Dr. Verhoeff and Dr. Grossman have completed their investigation of disciform degeneration of the macula. Their results were reported to the American Ophthalmological Society, and have already been published at length.

With Dr. King, Dr. Verhoeff is now making a study of scleromalacia perforans with special reference to its bacteriology and histo-pathology. The histo-pathology of this condition has never hitherto been investigated, owing to lack of suitable material.

Dr. Verhoeff has continued his study of normal and abnormal binocular vision. In this work he has been greatly aided by

Dr. Ludvigh's criticisms. Dr. Verhoeff has arrived at new definitions of retinal correspondence and anomalous projection, and has also arrived at many conclusions that are completely at variance with views now generally held regarding the visual phenomena associated with strabismus. He has found that, contrary to usual conceptions, the squinting eye not only plays an important part in binocular vision, but even provides certain advantages not possessed by normal individuals. He has incorporated some of his more important observations and conclusions in a paper which he read before the Ophthalmic Section of the New York Academy of Medicine.

Frederick H. Verhoeff, M.D.
Director.

REPORT OF THE DEPARTMENT OF OPHTHALMOLOGY

Thirty staff members have attended during the year 53,910 out-patients in the eye clinics, and 2349 house patients in the ophthalmic wards. The daily eye clinics average 175 patients, with the maximum running to 250 patients. Measures are being considered to equalize the daily attendance at the eye clinic through the use of the appointment system. The Unit System for house and outpatient records has replaced the older systems previously in use, and it assembles in one folder for each patient the entire case record from outpatient clinics and house admissions.

Roughly one-quarter of the total daily attendance at the eye clinic finds its way to the vision room, which this year has taken care of 1140 patients per month. The vision room staff, in addition to routine refraction, has engaged in the teaching of ophthalmic house officers and graduate students, and has given cooperation in the study of special problems presented by the ophthalmic staff.

Roughly one-twentieth of the total daily attendance at the eye clinic finds its way to the perimetry room, which this year has handled nearly 250 patients per month. The perimetry room staff renders diagnostic aid to the ophthalmic staff, affords its resources in intracranial diagnosis to the nerve and ear clinics, follows perimetric changes under tryparsamide therapy for the skin clinic, and aids the medical and surgical clinics in special problems.

Half of the visiting staff, as members of the Department of Ophthalmology of the Harvard Medical School, render teaching service to undergraduates and to graduates. Instruction for undergraduates includes anatomy, pathology, physiology and pharmacology of the eye given during the first two years, clinical ophthalmology to sections of eight students during the third year, and elective ophthalmology during the fourth year.

Instruction for graduates embraces a course in the fundamental sciences in ophthalmology, and twenty courses in clinical ophthalmology for those who are qualified in the fundamental sciences. During 1937, thirty graduate students were given courses in ophthalmology.

The resident staff in ophthalmology consists of seven men, appointed on a competitive basis, each man serving a total of twenty-four months. The first three months, embracing the externship with residence outside the hospital, the appointee devotes full time to a study under supervision of the staff of the fundamental sciences relating to ophthalmology. The subsequent twenty-one months, embracing the internship with residence in the hospital, the appointee acquires increasing medical and surgical responsibilities, and receives continuous instruction in clinical ophthalmology.

The facilities of the Howe Library continue in increasing amount to afford contacts with ophthalmology in the world at large to members of the visiting and house staffs, and to students and the medical profession in general. The Journal Club under the leadership of Dr. Riemer continues to conduct weekly reviews of the current ophthalmological literature. The generosity of Mrs. Lucien Howe has added many volumes of historic interest to the Library.

The ophthalmic staff wishes to voice appreciation of the conscientious and discerning work of Miss Amy G. Smith, until recently the Chief Medical Social Worker at the Infirmary. The importance and the excellence of Miss Smith's work is difficult to appraise adequately because of the skill and tact needed to bring the facilities of the hospital within reach of the resources and understanding of the homes served. The Staff welcomes Miss Helen J. Almy, the Chief Medical Social Worker, who brings wisdom, experience and energy to this very important work.

J. HERBERT WAITE, M.D.,
Chief of Ophthalmology.

REPORT OF THE DEPARTMENT OF OTO-LARYNGOLOGY

Four men are taking a preliminary year with Dr. Mosher. Two are sons of physicians. The hospital of late is much favored by physicians for the training of their sons. This is a great compliment to us as well as a great responsibility.

The additional men act as Graduate Assistants in the Out-Patient and have proved a great help to the Staff. The Out-patient has never been so well manned or run so smoothly. This practice, now some seven years old, has given the hospital the best House Officers it has ever had.

Both the activities of the House and the Out-Patient have followed their usual routine. No outstanding happenings have occurred.

Dr. Meltzer has been appointed Professor of Otolaryngology at Tufts.

Dr. Mosher received his second degree of Doctor of Science in June from Colby College. He was the Guest of Honor of the American Academy of Ophthalmology and Otolaryngology at Chicago in October, and received the gold medal of the Society.

Dr. Schall is the newly elected Secretary of the Otolaryngological Section of the American Medical Association. According to custom this means that after serving a few years in this position he becomes Chairman of the Section. He read a paper before the Pennsylvania State Medical Society and a paper on "The Indications for Total Laryngectomy", before the North Carolina Eye, Ear, Nose and Throat Society. He gave a Post-Graduate Course in Denver in June.

Dr. Lurie, Dr. Schall, Dr. Richardson, and Dr. Holmes had a most excellent exhibit in the Scientific Section of the meeting of the Academy of Ophthalmology and Otolaryngology.

Dr. Drooker gave a paper by invitation before the Section of Otolaryngology of the American Medical Association.

Dr. Kazanjian gave a paper before the Academy of Ophthalmology and Otolaryngology and Dr. Lurie, Dr. Kazanjian, Dr. Macmillan and Dr. Mosher gave instruction hours. Dr. Schall and Dr. Mueller, as before, were instructors in the Academy Course in the Histopathology of the Ear, Nose and Throat.

Dr. Mueller gave a lecture on Acoustics to the House Officers. Such a talk was much needed. Quite a bit of apparatus was acquired to illustrate it.

The laboratory now has three technicians; one of them, Miss Kendall, works entirely on temporal bone specimens. We now have a fair start on a collection of animal and human temporal bones showing usual and unusual pathological changes.

The laboratory collection of enlargements of microphotographs has been increased by the splendid sets which Dr. Lurie and Dr. Schall exhibited in Chicago.

A room at the Infirmary adjoining the animal room, is being fitted up for research work on animals in Otology and Laryngology. This is a marked step in advance as animal experimentation in Otology is advancing rapidly. This new room makes the hospital independent of the Medical School. The work done in it should furnish valuable instruction to the House Officers.

Dr. Lurie has continued his research work on the effect of quinine on the internal ear, and Dr. Mosher has continued his research work on the transmission of quinine from the mother to the foetus.

Dr. Page has been working on monilia and has confirmed the classification of Martin and his co-workers. This is a very practical step forward.

Harris P. Mosher, M.D.,
Chief of Otology and Laryngology.

REPORT OF THE X-RAY DEPARTMENT

The work of the X-Ray Department has progressed in much the same manner as previous years. The relative number of patients varies somewhat each year and there has been an increase over the previous year.

The oesophagus cases are followed up after their discharge from the Throat Clinic in the X-Ray Department by Dr. Mosher. Many require flouroscopic control in the passage of dilating bougies.

We shall endeavor to continue to serve the Hospital in all ways and maintain its high standards.

Tabulation of cases is as follows:—

Thymus	1,652
Mastoids	1,283
Sinuses	3,064
Teeth	589
Foreign Body Eye	175
Chest	620
Esophagus	304
Skull	123
Nose	127
Jaws	77
Treatments	346
Sella tursica	5
Lipiodol	25
Cervical spine	138
Miscellaneous	25
Petrous	43
Optic canal	11
Bronchoscopy	8
Long bones	10
Abdomen	77
Number of examinations	8,702
Number of patients	8,019
Bouginage	
Number of examinations	621
Number of patients	112
Total number of examinations for year	9,323
Total number of patients for year	8,131

A. S. Macmillan, M.D.,
Roentgenologist.

SCIENTIFIC PAPERS PUBLISHED OR READ BY THE SURGICAL STAFF

January 1, 1937 to January 1, 1938

"Osteomyelitis of the Frontal Bone". By Dr. Harris P. Mosher. Presented before the American Laryngological Society, May, 1937. In press.

"Unsolved Problems in Otolaryngology". By Dr. Harris P. Mosher. Presented before the American Academy of Ophthalmology and Otolaryngology, October, 1937. In press.

"Essential Atrophy of the Iris". By Dr. Herbert Waite. Published in *The Davis Birthday Volume,* privately printed in Boston.

"Some of the Common Problems in Diagnosis and Treatment of Sinus Disease and Adjacent Tissues". By Dr. Charles T. Porter. Read before the Worcester Eye, Ear, Nose and Throat Club, Worcester, Massachusetts, January 27, 1937.

"Sore Throats". By Dr. Charles T. Porter. A radio broadcast, May 27, 1937. (Massachusetts Medical Society "Health Message" series).

"Unrecognized Complications Secondary to Peritonsillar and Lateral Pharyngeal Abscess, with Case Reports". By Dr. Charles T. Porter. Presented at the 43rd Annual Meeting of the American Laryngological, Rhinological and Otological Society, Incorporated, Atlantic City, New Jersey, June 4, 1937, and published in *The Archives of Otolaryngology,* August, 1937, Vol. 26, pp. 127-131.

"Infections of the Ear". By Dr. LeRoy A. Schall. Medical Club, Phillips Exeter Academy, March 12, 1937.

"Dental Foreign Bodies in the Air and Food Passages". By Dr. LeRoy A. Schall. Read before the Massachusetts State Dental Society, Boston, Massachusetts, April 27, 1937.

"Laryngectomy". By Dr. LeRoy A. Schall. Clinic at Jefferson Hospital, Philadelphia, Pennsylvania, June 2, 1937.

"Exophthalmos Following Irradiation". By Dr. LeRoy A. Schall. Read before the Section on Oto-Laryngology American Medical Association, June 11, 1937, Atlantic City, New Jersey. Published in the *Journal of the American Medical Association,* Vol. 109, No. 19, pp. 1506, November 6, 1937.

"Histo-Pathology of Malignancy Correlated with Clinical Findings". A—Malignancy of the Sinuses. B—Malignancy of the Larynx. C—Malignancy of the Lung and Esophagus. By Dr. LeRoy A. Schall. Lectures given at the Colorado Post Graduate Course in Otolaryngology, August 1-7, 1937.

"Laryngectomy—Its Place in the Treatment of Laryngeal Cancer". By Dr. LeRoy A. Schall. Read before the Pennsylvania State Medical Society, Philadelphia, October 6, 1937.

"Indications for Total Laryngectomy". By Dr. LeRoy A. Schall. Read before the North Carolina Eye, Ear, Nose and Throat Society, Charlotte, North Carolina, November 20, 1937.

"Progress in Laryngology". By Dr. LeRoy A. Schall in collaboration with Dr. John R. Richardson. Published in the *New England Journal of Medicine,* Vol. 217, No. 19, pp. 732-750, November 4, 1937.

"The Surgical Treatment of Deformities of the Mandible Resulting from Osteomyelitis". By Dr. V. H. Kazanjian. Published in *The Apollonian,* January, 1937.

"Deformities of the Mandible Following Fracture". By Dr. V. H. Kazanjian. Published in *The Apollonian,* April, 1937.

"Fracture of the Edentulous Mandible". By Dr. V. H. Kazanjian. Published in *The Apollonian,* July, 1937.

"Prosthetic Restoration for Large Palatal Defect". By Dr. V. H. Kazanjian. Published in *The Apollonian,* October, 1937.

"Nerve Deafness from Central and Cortical Lesions". By Dr. Harold G. Tobey. Part of Symposium on Nerve Deafness given before the American Otological Society, May 28, 1937.

"Diseases of the Optic Nerve". By Dr. Edwin B. Dunphy. Graduate course given at the Annual Meeting of the American Academy of Ophthalmology and Otolaryngology, at Chicago, Illinois, October, 1937.

"The Neural Mechanism of Hearing. Pathology. Pathology of the Organ of Corti". By Dr. M. H. Lurie. Published in *The Laryngoscope,* St. Louis, Missouri, June, 1937.

"The Neural Mechanism of Hearing. Animal Investigations. Behavioral, Electrical and Anatomical Studies of Abnormal Ears". By Dr. M. H. Lurie, Dr. H. Davis, Dr. S. Dworkin, Dr. J. Katzman, Boston and Montreal. Published in *The Laryngoscope,* St. Louis, Missouri, July, 1937.

"A Study of the Efficiency of Carbon Microphone Hearing Aids". By Dr. Francis L. Weille. Published in the *New England Journal of Medicine,* May 6, 1937.

"Ionization in the Treatment of Hay Fever and Vasomotor Rhinitis". By Dr. Francis L. Weille. Published in *The Medical Clinics of North America,* March, 1937.

"Care of the Eyes". By Dr. Theodore L. Terry. In press.

"Growth and Development of the Visuo-Sensory Mechanism". By Dr. Theodore L. Terry. Read before the American Academy of Pediatrics Meeting of November 13, 1937.

"Concerning Glaucoma and Glaucoma Operations". By Dr. Theodore L. Terry. Read before the Chicago Ophthalmological Society.

"Abnormal Arteriovenous Communication in the Orbit Involving the Angular Vein". By Dr. Theodore L. Terry. The Archives of Ophthalmology. In press.

"Diathermy in Cataract Extraction". By Dr. Theodore L. Terry. Published in the *American Journal of Ophthalmology,* Vol. 19, No. 12.

"Meningitis Due to the Type III Pneumococcus.—Review of the Literature and Report of a Case of Otitic Origin with Recovery following Radical Mastoidectomy and Labyrinthectomy". By Dr. Charles H. Allman. Published in *The Archives of Otolaryngology,* June 1937, Vol. 25, pp. 653-656.

SCIENTIFIC PAPERS PUBLISHED OR READ BY THE STAFF

"The Pathogenesis of Disciform Degeneration of the Macula". By Dr. Frederick H. Verhoeff and Dr. Herman P. Grossman. Published in *The Archives of Ophthalmology,* October 1937, Vol. 18, pp. 561-585. Also to appear in The Transactions of the American Ophthalmological Society 1937.

"The Howe Laboratory of Ophthalmology". By Dr. Harry K. Messenger. Published in the *Harvard Medical Alumni Bulletin,* January, 1937.

"Progress in Laryngology". By Dr. LeRoy A. Schall and Dr. John R. Richardson. Published in the *New England Journal of Medicine,* Vol. 217, No. 19, pp. 732-750, November 4, 1937.

Staff of the Howe Laboratory of Ophthalmology

"The Souter Tonometer". By Dr. Frederick H. Verhoeff. Published in the *American Journal of Ophthalmology,* Vol. 20, No. 7, July, 1937.

"Pathogenesis of Disciform Degeneration of the Macula". By Dr. Frederick H. Verhoeff and Dr. Herman P. Grossman. Published in *The Archives of Ophthalmology,* Vol. 18, p. 561, October, 1937.

"Debutantes". By Dr. Clyde E. Keeler. Published in the *Journal of Heredity,* Vol. 28, No. 2, p. 69.

"The Antiquity of Mouse Variations in the Orient". By Dr. Clyde E. Keeler, and S. Fuji. Published in the *Journal of Heredity,* Vol. 28, No. 3, p. 92.

"Controlled Reading". By Dr. E. J. Ludvigh. Published in the *American Journal of Ophthalmology,* August, 1937, p. 844.

"Accommodation and the Autonomic Nervous System". By Dr. David G. Cogan. Published in *The Archives of Ophthalmology,* November, 1937, Vol. 18, p. 739.

TABLE OF DISEASES
COMPILED FROM RECORDS

JANUARY 1, 1937 TO JANUARY 1, 1938

	House	Out-Patient
SECTION I		
Specific Infectious Diseases. General Diseases.	194	134
SECTION II		
Diseases due to Animal Parasites	1	
SECTION III		
Diseases of Metabolism and Deficiency	41	25
SECTION IV		
Diseases Peculiar to Infancy	80	17
SECTION V		
Diseases due to Physical Agents	6	1
SECTION VII		
Tumors, Benign and Malignant	353	1,103
SECTION VIII		
Congenital Malformations	81	17
SECTION IX		
Injuries	49	89
SECTION X		
Diseases of the Skin	39	86
SECTION XI		
Diseases of the Circulatory System	24	24
SECTION XII		
Diseases of the Lymphatic System	9	1
SECTION XIII		
Diseases of the Blood-Forming Organs	5	1
SECTION XV		
Diseases of the Nervous System	68	31
SECTION XVI		
Diseases of the Bones, Joints, Muscles, Tendons and Fascia	23	5

SECTION XVII	HOUSE	OUT-PATIENT
Diseases and Injuries of the Eye and Ear		
Diseases of the Eye	3,528	20,001
A. General	500	13,590
B. Lids	101	837
C. Lacrimal Apparatus	83	253
D. Conjunctiva	74	1,246
E. Cornea	310	1,712
F. Anterior Chamber	26	23
G. Sclera	23	48
H. Lens	1,125	1,006
J. Uveal Tract	45	43
1. Iris	236	192
2. Ciliary Body	17	17
3. Choroid	46	83
K. Retina	176	170
L. Vitreous	19	56
M. Optic Nerve	32	110
N. Eyeball	211	119
O. Orbit	31	17
P. Disturbance of Motion	473	479
Diseases of the Ear	572	2,406
Q. General		38
R. Auricle	29	4
S. External Auditory Canal	25	745
T. Eustachian Tube	1	38
V. Middle Ear and Mastoid	510	1,320
W. Internal Ear	7	261
SECTION XVIII		
Diseases of the Nose and Accessory Sinuses	837	957
SECTION XIX		
Diseases of the Mouth, Lips, Cheeks, Pharynx, Tonsils and Palate	2,406	1,084
SECTION XX		
Diseases of Jaw, Teeth and Gums	26	24
SECTION XXI		
Diseases of the Tongue	2	2
SECTION XXII		
Diseases of Esophagus	95	22

	House	Out-Patient
SECTION XXIII		
Diseases of Stomach	1	
SECTION XXIV		
Diseases of Intestines	1	
SECTION XXV		
Diseases of the Liver and Biliary Tract	3	
SECTION XXVII		
Diseases of Abdomen and Peritoneum in general	2	
SECTION XXIX		
Diseases of the Larynx	48	58
SECTION XXX		
Diseases of the Trachea and Bronchi	33	1
SECTION XXXI		
Diseases of the Lungs	6	1
SECTION XXXII		
Diseases of the Pleura and Mediastinum	1	
SECTION XXXIII		
Diseases of the Kidney and Ureter	6	
SECTION XXXV		
Diseases of the Urethra, Male and Female	1	
SECTION XXXVIII		
Diseases and Conditions Peculiar to Pregnancy and the Puerperal State	2	
SECTION XL		
Anaphylaxis	10	19
SECTION XLII		
Ill-Defined or Unclassified Diseases	104	407
Total	8,657	26,516

LIST OF GRADUATE HOUSE OFFICERS OF THE MASSACHUSETTS EYE AND EAR INFIRMARY

Alexander, Seeyman L., *Aural,* 1919.
151 Bloor Street, W., Toronto, Ontario, Canada.
Allen, John H., *Aural,* 1904. 32 Deering Street, Portland, Maine.
Allman, Charles H., *Oto-Laryngological,* 1930.
520 Commonwealth Ave., Boston, Mass.
Amadon, A. M., *Aural,* 1897-98. (Deceased.)
Amberg, Emil, *Aural,* 1897. 662 Macabees Building, Detroit, Michigan.
Anthony, Alan R., *Ophthalmic,* 1936.
1738 Angus Drive, Vancouver, British Columbia.
Anthony, Marc, *Ophthalmic,* 1929. Westminster Apts., Spokane, Washington.
Aylesworth, Frederick A., *Ophthalmic,* 1916.
Suite 1001, Medical Arts Building, Toronto, Ontario, Canada.
Bair, Hugo L., *Ophthalmic,* 1932. Mayo Clinic, Rochester, Minnesota.
Barss, Richard, *Ophthalmic,* 1877.
Bassen, Edward J., *Ophthalmic,* 1928.
654 Madison Ave., New York City, N. Y.
Baur, Frederick E., *Aural,* 1902. 43 Grande Ave., Milwaukee, Wisconsin.
Beetham, William P., *Ophthalmic,* 1929. 5 Bay State Road, Boston, Mass.
Berry, Gordon, *Aural,* 1910. 36 Pleasant Street, Worcester, Mass.
Bigelow, F. Nolton, *Aural,* 1910. (Deceased.)
Birdsall, Clarence H., *Ophthalmic,* 1918. 26 Summer Street, Haverhill, Mass.
Bogan, Frederick L., *Aural,* 1908. 464 Commonwealth Avenue, Boston, Mass.
Boies, Lawrence R., *Oto-Laryngological,* 1931.
1937 Medical Arts Building, Minneapolis, Minnesota.
Bradford, Henry W., *Ophthalmic,* 1877. (Deceased.)
Brawner, Leon E., *Oto-Laryngological,* 1925.
384 Peachtree Street, 701 Medical Arts Building, Atlanta, Georgia.
Bridgewood, David, *Ophthalmic,* 1926. (Deceased.)
Briggs, Wallace R., *Ophthalmic,* 1920. 229 M Street, Sacramento, California.
Brown, Lester A., Jr., *Oto-Laryngological,* 1937.
478 Peachtree Street, Suite 815, Atlanta, Georgia.
Burke, J. Robert, *Ophthalmic,* 1918. *Aural,* 1919.
207 Elm Street, Holyoke, Mass.
Cahill, Harry P., *Aural,* 1914. 520 Commonwealth Ave., Boston, Mass.
Cameron, Walter C., *Ophthalmic,* 1930.
1103 Rhodes Building, Tacoma, Washington.
Canfield, R. Bishop, *Aural,* 1901. (Deceased.)
Capeles, Thomas R., *Ophthalmic, Aural,* 1915-1916.
191 Merrimac Street, Haverhill, Mass.
Carleton, Ralph, *Ophthalmic,* 1896. 10 Temple Street, Springfield, Mass.
Caron, Armand, L., *Oto-Laryngological,* 1927.
390 Main Street, Worcester, Mass.
Carroll, Frank D., *Ophthalmic,* 1935.
Eye Institute 635 W. 165th Street, New York, N. Y.

Carroll, Henry G., *Ophthalmic,* 1911. 270 Commonwealth Ave., Boston, Mass.
Carter, Leland F., *Ophthalmic,* 1926.
4061 Pasadena Ave., Detroit, Michigan.
Casten, Virgil G., *Ophthalmic,* 1931.
520 Commonwealth Ave., Boston, Mass.
Cave, Linus S., *Oto-Laryngological,* 1927.
Physicians' Building, Syracuse, N. Y.
Chamberlain, Allen H., *Ophthalmic,* 1889. (Deceased.)
Chandler, H. Beckles, *Ophthalmic,* 1880. (Deceased.)
Chandler, H. Beckles, Jr., *Ophthalmic,* 1912.
34½ Beacon Street, Boston, Mass.
Chandler, Paul A., *Ophthalmic,* 1925. 5 Bay State Road, Boston, Mass.
Cheney, Frederick E., *Ophthalmic,* 1888. (Deceased.)
Cheney, Robert C., *Ophthalmic,* 1921.
6 Commonwealth Ave., Boston, Mass.
Clap, Edmund W., *Ophthalmic,* 1899.
390 Commonwealth Ave., Boston, Mass.
Clarke, Jonas, *Ophthalmic,* 1877.
Cogan, David G., *Ophthalmic,* 1935.
Coughlan, John N., *Aural,* 1900. (Deceased.)
Cooper, Kemp G., *Oto-Laryngological,* 1930.
1516 Cook Street, Denver, Colorado.
Coyle, John A., *Ophthalmic,* 1931. Wilder, Vermont.
Crewson, Arthur L., *Oto-Laryngological,* 1927.
120 Sydney Street, Cornwall, Ontario, Canada.
Crockett, Eugene A., *Aural,* 1892. (Deceased.)
Davidson, Herman P., *Ophthalmic,* 1920.
Suite 1424, 30 North Michigan Ave., Chicago, Illinois.
Davis, Frederick A., *Ophthalmic,* 1892. (Deceased.)
Day, Charles Orrin, *Aural,* 1922. (Deceased.)
Day, Kenneth, *Oto-Laryngological,* 1924.
121 University Place, Pittsburgh, Pennsylvania.
Dean, Abbott W., *Ophthalmic,* 1929.
424 Oakland Ave., Council Bluffs, Iowa.
Donahue, Hugh C., *Ophthalmic,* 1931.
520 Commonwealth Ave., Boston, Mass.
Dowling, Joseph L., *Ophthalmic,* 1918.
57 Jackson Street, Providence, Rhode Island.
Drury, Dana, W., *Aural,* 1906. 483 Beacon Street, Boston, Mass.
Dunphy, Edwin B., *Ophthalmic,* 1923.
101 Bay State Road, Boston, Mass.
Easton, Elwood T., *Ophthalmic,* 1900. 209 Newbury Street, Boston, Mass.
Easton, Mahlon T., *Ophthalmic,* 1936. 209 Newbury Street, Boston, Mass.
Ellis, Edward K., *Ophthalmic,* 1905. 412 Beacon Street, Boston, Mass.
Ernlund, Carl H., *Oto-Larnygological,* 1927.
5 Bay State Road, Boston, Mass.
Evans, Maurice G., *Oto-Laryngological,* 1928.
416 Marlborough Street, Boston, Mass.
Evans, William H., *Ophthalmic,* 1924.
510-517 Dollar Bank Building, Youngstown, Ohio.
Farrell, James I., *Ophthalmic,* 1932. Kempf Building, Utica, New York.
Faunce, Calvin B., *Aural,* 1907. 412 Beacon Street, Boston, Mass.
Finck, Harry P., *Aural,* 1919. (Deceased.)
Fisher, Carl, *Ophthalmic,* 1907.
1930 Wilshire Boulevard, Los Angeles, California.

Fisher, Stanwood E., *Aural,* 1909. 122 State Street, Portland, Maine.
Frackelton, Ralph J., *Oto-Laryngological,* 1933.
15701 Detroit Ave., Lakewood, Ohio.
Franklin, C. Ray, *Ophthalmic,* 1931.
168th Street and Broadway, New York City, New York.
Frazee, John R., *Oto-Laryngological,* 1934. 311 Beacon Street, Boston, Mass.
Fred, Gus Bernard, *Oto-Laryngological,* 1925.
475 Commonwealth Ave., Boston, Mass.
Frisch, Frederick, *Ophthalmic,* 1908. (Deceased.)
Fultz, William E., *Ophthalmic,* 1927. 45 Kaye Street, Halifax, Nova Scotia.
Gabriels, Joseph A. C., *Ophthalmic,* 1921.
435 State Street, Albany, New York.
Gallagher, John H. C., *Aural,* 1920. 107 Centre Street, Chicopee, Mass.
Gaudreau, Honoré E., *Ophthalmic,* 1930.
293 Bridge Street, Springfield, Mass.
Gaus, Louis, *Ophthalmic,* 1921. Ticonderoga, New York.
Germain, Harry H., *Ophthalmic,* 1899.
475 Commonwealth Ave., Boston, Mass.
Gibson, Arthur C., *Aural,* 1921. 516 Sutter Street, San Francisco, California.
Gifford, Harold, Jr., *Ophthalmic,* 1934.
1620 Medical Arts Building, Omaha, Nebraska.
Gilbert, John J., *Ophthalmic,* 1917. *Aural,* 1920.
221 Thayer Street, Providence, Rhode Island.
Gillespie, Elmer H., *Oto-Laryngological,* 1932.
101 Bay State Road, Boston, Mass.
Goldman, A. Milton, *Ophthalmic,* 1924.
121 E. 60th Street, New York City, N. Y.
Goodale, Robert L., *Oto-Laryngological,* 1926.
258 Beacon Street, Boston, Mass.
Goodall, Edwin B., *Ophthalmic,* 1918. 101 Bay State Road, Boston, Mass.
Goodell, William, *Aural,* 1906. 121 Chestnut Street, Springfield, Mass.
Goray, J. P., *Ophthalmic,* 1897. Day Street, Fitchburg, Mass.
Gray, Gerald, H., *Oto-Laryngological,* 1929.
420 Mountain Ave., Piedmont, California.
Grossman, Herman P., *Ophthalmic,* 1934.
224 Thayer Street, Providence, Rhode Island.
Gundersen Trygve, *Ophthalmic,* 1930. 5 Bay State Road, Boston, Mass.
Hacking, Raymond F., *Ophthalmic,* 1927.
105 Waterman Street, Providence, Rhode Island.
Halliday, Armond A., *Aural,* 1919. (Deceased.)
Hammond, Philip, *Aural,* 1894. (Deceased.)
Happ, Linley C., *Oto-Laryngological,* 1931.
124 Waterman Street, Providence, Rhode Island.
Haskell, Henry H., *Ophthalmic,* 1893. 5 Vista Ave., Auburndale, Mass.
Hawkins, Henry, *Ophthalmic,* 1909. 394 Marlborough Street, Boston, Mass.
Heffernan, David A., *Ophthalmic,* 1904.
270 Commonwealth Ave., Boston, Mass.
Heine, Lyman H., *Oto-Laryngological,* 1937. Freemont, Nebraska.
Hennessey, William W., *Aural,* 1908. 33 Essex Street, Salem, Mass.
Hill, Frederick, T., *Aural,* 1916. 111 Main Street, Waterville, Maine.
Hobart, Carl, *Ophthalmic,* 1922.
518 Metropolitan Building, St. Louis, Missouri.
Hollabaugh, Charles F., *Ophthalmic,* 1932.
Doctors' Building, Nashville, Tennessee.

Holmes, Edgar M., *Oto-Laryngological,* 1934.
520 Commonwealth Ave., Boston, Mass.
Hoople, Gordon D., *Oto-Laryngological,* 1926.
The Medical Arts Building, Syracuse, New York.
Hubbard, Rufus P., *Ophthalmic,* 1879.
444 East 57th Street, New York City, New York.
Hurley, Edward D., *Ophthalmic,* 1907. (Deceased.)
Hussey, Edward J., *Ophthalmic,* 1906 (Deceased.)
Ireland, Percy E., *Oto-Laryngological,* 1935.
170 St. George Street, Toronto, Ontario, Canada.
Irgens, Edwin R., *Oto-Laryngological,* 1936. Waterville, Maine.
Irvine, S. Rodman, *Ophthalmic,* 1935.
700 Roosevelt Building, Los Angeles, California.
Jack, Edwin E., *Ophthalmic,* 1888. 215 Beacon Street, Boston, Mass.
Jackle, Arthur F., *Ophthalmic,* 1913. (Deceased.)
Jennings, John G., *Ophthalmic,* 1917. 82 Commonwealth Ave., Boston, Mass.
Johnson, Charles I., *Oto-Laryngological,* 1929.
270 Commonwealth Ave., Boston, Mass.
Johnson, Lorand V., *Ophthalmic,* 1937. University Hospitals, Cleveland, Ohio.
Jones, Edward Earl, *Oto-Laryngological,* 1928.
23 Main Street, Brockton, Mass.
Judd, Delbert K., *Oto-Laryngological,* 1934.
1020 Medical Arts Building, Omaha, Nebraska.
Kearny, Richard A., *Aural,* 1921. 2311 Connecticut Ave., Washington, D. C
Kendall, M. Ray, *Aural,* 1917.
Carnegie Medical Building 10515 Carnegie Avenue, Cleveland, Ohio.
Kennedy, Michael Francis, *Ophthalmic,* 1927.
1835 I Street N. W., Washington, D. C.
Kerst, J. Arthur, *Ophthalmic,* 1934.
Leland Office Building, East Capitol Avenue, Springfield, Illinois.
Kilburn, Henry W., *Aural,* 1885. (Deceased.)
King, Merrill J., *Ophthalmic,* 1932. 82 Commonwealth Ave., Boston, Mass.
Langworthy, Henry G., *Aural,* 1907. 10th and Bluff Streets, Dubuque, Iowa.
Leahey, Brendan D., *Ophthalmic,* 1933. 9 Central Street, Lowell, Mass.
LeCompte, Walter A., *Aural,* 1901. (Deceased.)
Lemoine, Albert E., *Ophthalmic,* 1923.
1119 Rialto Building, Kansas City, Missouri.
Lentine, Joseph, *Oto-Laryngological,* 1936. 481 Beacon Street, Boston, Mass.
Levitt, Jesse M., *Ophthalmic,* 1933. 734 Ocean Ave., Brooklyn, New York.
Liebman, William, *Ophthalmic,* 1911.
311 Commonwealth Ave., Boston, Mass.
Lodge, Edmund A., *Oto-Laryngological,* 1924. Mountain Home, Tennessee.
Loring, Robert G., *Ophthalmic,* 1900. 140 Beacon Street, Boston, Mass.
Lothrop, Oliver A., *Aural,* 1911. 101 Beacon Street, Boston, Mass.
Lougee, John L., *Aural,* 1909. 475 Beacon Street, Boston, Mass.
Lovesey, Burton E., *Oto-Laryngological,* 1935.
76 Bay State Road, Boston, Mass.
Lowell, W. Holbrook, *Ophthalmic,* 1902.
82 Commonwealth Ave., Boston, Mass.
Lynch, Mercer G., *Oto-Laryngological,* 1936.
1567 Exposition Boulevard, New Orleans, Louisiana.
MacDonald, Alexander E., *Ophthalmic,* 1923.
151 Bloor Street, West, Toronto, Ontario, Canada.
Macdonald, Donald H., *Oto-Laryngological,* 1930.
270 Commonwealth Avenue, Boston, Mass.

MacKechnie, William G., *Aural,* 1918.
Port of Spain, Trinidad, British West Indies.
Mackenzie, Roland C., *Ophthalmic,* 1911. 51 Moody Street, Waltham, Mass.
MacMillan, A. L., Jr., *Aural,* 1912.
46 Pleasant Street, Concord, New Hampshire.
Macnie, John P., *Ophthalmic,* 1929.
635 W. 165th Street, New York City, New York.
Mansur, Leon Wallace, *Ophthalmic,* 1898.
Retired. Valley Center, California.
McAuley, Albert G., *Ophthalmic,* 1915.
1301 Dorchester Street, West, Montreal, Quebec, Canada.
McCabe, Frank J., *Ophthalmic,* 1916.
204 Angell Street, Providence, Rhode Island.
McCusker, John J., *Ophthalmic,* 1897.
382 Broad Street, Providence, Rhode Island.
McDonald, Samuel J., *Ophthalmic,* 1902.
362 Commonwealth Ave., Boston, Mass
McGuigan, G. Edmund, *Ophthalmic,* 1924.
116 West Market Street, York, Pennsylvania.
McIntire, Frederic J., *Ophthalmic,* 1910.
63 North Common Street, Lynn, Mass.
McKelvey, Alexander D., *Aural,* 1911. (Deceased.)
McLaughlin, William C., *Aural,* 1908. (Deceased.)
McLeod, Angus M., *Oto-Laryngological,* 1932.
Medical Arts Building, Toronto, Ontario, Canada.
McLeod, John, *Ophthalmic,* 1930.
1130 Rialto Bldg., Kansas City, Missouri.
Meek, Raymond E., *Ophthalmic,* 1926.
729 Park Avenue, New York City, New York.
Meltzer, Philip E., *Aural,* 1919. 20 Charlesgate West, Boston, Mass.
Merritt, Robert E., *Ophthalmic,* 1920. Retired. Valley Center, California.
Mertins, Paul S., *Oto-Laryngological,* 1936.
17 Galen Street, Montgomery, Alabama.
Messenger, Harry K., *Ophthalmic,* 1934.
313 Commonwealth Avenue, Boston, Mass.
Meyer, Monto F., *Ophthalmic,* 1919.
904 Canal Bank Building, New Orleans, Louisiana.
Miles, Nathan E., *Ophthalmic,* 1937. Molton Hotel, Birmingham, Alabama.
Moore, Donald E., *Ophthalmic,* 1937.
403 Medical Arts Building, Syracuse, New York.
Moore, Fontaine B., *Aural,* 1914.
Morse, Almon G., *Ophthalmic,* 1893. Sunmount, New York.
Motley, Frederic E., *Oto-Laryngological,* 1925.
Charlotte Eye, Ear, Nose & Throat Hospital, Charlotte, North Carolina.
Mueller, Werner, *Oto-Laryngological,* 1933.
395 Commonwealth Ave., Boston, Mass.
Murphy, Edward M., *Ophthalmic,* 1915. 175 Central Street, Lowell, Mass.
Murphy, William E., *Oto-Laryngological,* 1933.
Slater Building, Worcester, Mass.
Myers, Roscoe W., *Ophthalmic,* 1927. 36 Pleasant Street, Worcester, Mass.
Myers, Stanley A., *Oto-Laryngological,* 1937.
810 Dollar Bank Building, Youngstown, Ohio.
Nicholson, Harry M., *Aural,* 1913.
101 James Street South, Hamilton, Ontario, Canada.

O'Connor, Michael J., *Aural,* 1923.
532 Broad Street, Providence, Rhode Island.
Olds, Bomar A., *Oto-Laryngological,* 1929.
Suite No. 307, Medical Arts Building, Atlanta, Georgia.
O'Neil, Robert C., *Oto-Laryngological,* 1928. (Deceased.)
Parker, Harry C., *Ophthalmic,* 1902.
Pollock, Frederic J., *Oto-Laryngological,* 1935.
Suite 403 Curtis Building, 622 Diversay Parkway, Chicago, Illinois.
Porter, Charles T., *Aural,* 1914. 520 Commonwealth Ave., Boston, Mass.
Powers, George H., *Aural,* 1904. 311 Beacon Street, Boston, Mass.
Price, F. Raymond, *Ophthalmic,* 1936. 1 Bee Street, Charleston, South Carolina.
Proctor, Francis I., *Ophthalmic,* 1891. (Deceased.)
Provost, Adolphe J., *Oto-Laryngological,* 1927.
1061 Elm Street, Manchester, New Hampshire.
Prudhon, Charles A., *Oto-Laryngological,* 1930.
168 Sterling Street, Watertown, New York.
Quackenboss, Alexander, *Ophthalmic,* 1893. (Deceased.)
Quevedo, A., Arturo, *Ophthalmic,* 1933.
9a Ave. Sur No. 50, Guatemala City, Gautemala, Central America.
Quincy, Josiah E., *Oto-Laryngological,* 1926.
270 Commonwealth Ave., Boston, Mass.
Raynes, Alphonse F., *Ophthalmic,* 1923.
209 Miller Ave., Portsmouth, New Hampshire.
Reaves, Robert G., *Aural,* 1918. 425 W. Clinch Ave., Knoxville, Tennessee.
Richards, Lyman G., *Oto-Laryngological,* 1926.
319 Longwood Avenue, Boston, Mass.
Richardson, John R., *Oto-Laryngological,* 1935.
395 Commonwealth Ave., Boston, Mass.
Ross, Percy Jay, *Oto-Laryngological,* 1934.
1045 Michigan Ave., Chicago, Illinois.
Rothwell, Stephen G., *Oto-Laryngological,* 1925.
97 Spring Street, New Bedford, Mass.
Ruggles, Ralph H., *Ophthalmic,* 1920.
394 Marlborough Street, Boston, Mass.
Ruggles, Roger L., *Oto-Laryngological,* 1932. 80 Elm Street, Westfield, Mass.
Rust, Frank L., *Ophthalmic,* 1898. (Deceased.)
Ryder, George H., *Ophthalmic,* 1901. 968 Hancock Street, Quincy, Mass.
Sachs, Benjamin, *Ophthalmic,* 1925. 483 Beacon Street, Boston, Mass.
Sargent, Francis B., *Aural,* 1923.
124 Waterman Street, Providence, Rhode Island.
Savage, Ross E., *Ophthalmic,* 1910. 543 Boylston Street, Boston, Mass.
Scarney, Herman D., *Ophthalmic,* 1928.
573 Fisher Building, Detroit, Michigan.
Shambaugh, George E., Jr., *Oto-Laryngological,* 1932.
122 S. Michigan Boulevard, Chicago, Illinois.
Shanahan, Timothy J., *Aural,* 1907. (Deceased.)
Simmons, Fred A., *Aural,* 1918. (Deceased.)
Sisson, Raymond J., *Ophthalmic,* 1925. (Deceased.)
Skilling, Francis C., *Ophthalmic,* 1933. 401 Ingram Building, Miami, Florida.
Smith, Harold D., *Oto-Laryngological,* 1937.
342 Investment Building, Pomona, California.
Smyth, D. Campbell, *Aural,* 1910. (Deceased.)
Smyth, P. Sommers, *Ophthalmic,* 1905. (Deceased.)
Sowers, Martin L., *Aural,* 1922. Crossways Apts., Far Rockaway, New York.

Spalding, Fred M., *Ophthalmic,* 1900. 128 Newbury Street, Boston, Mass.
Spratt, Charles N., *Ophthalmic,* 1904. 785 9th Street, Minneapolis, Minn.
Standish, Myles, *Ophthalmic,* 1880. (Deceased.)
Tegelberg, Julius, *Oto-Laryngological,* 1931.
390 Main Street, Worcester, Mass.
Terry, Theodore L., *Ophthalmic,* 1928. 128 Newbury Street, Boston, Mass.
Thompson, Peter Hunter, *Ophthalmic,* 1902.
308 Commonwealth Ave., Boston, Mass.
Tobey, George L., Jr., *Aural,* 1905.
270 Commonwealth Ave., Boston, Mass.
Tobey, Harold G., *Aural,* 1915. 270 Commonwealth Ave., Boston Mass.
Toot, J. Frederick, *Ophthalmic,* 1922. East Liverpool, Ohio.
Vail, Derrick T., *Ophthalmic,* 1924. 819 Carew Tower, Cincinnati, Ohio.
Vail, Harris H., *Aural,* 1921. 917-920 Carew Tower, Cincinnati, Ohio.
Viger, Roland J., *Ophthalmic,* 1937.
1414 Drummond Street, Montreal, Quebec, Canada.
Waite, J. Herbert, *Ophthalmic,* 1923. 7 Bay State Road, Boston, Mass.
Wales, Ernest DeW., *Aural,* 1902.
1236 N. Pennsylvania Street, Indianapolis, Indiana.
Walker, Charles E., Jr., *Ophthalmic,* 1935.
1114 Republic Bldg., Denver, Colorado.
Walker, Clifford B., *Aural,* 1914.
Auditorium Building, Los Angeles, California.
Walker, D. Harold, *Aural,* 1902. 5 Bay State Road, Boston, Mass.
Webster, Franklin R., *Ophthalmic,* 1926.
University Building, Syracuse, New York.
Weille, Francis L., *Oto-Laryngological,* 1929.
395 Commonwealth Ave., Boston, Mass.
Weinheimer, Lambert H., *Ophthalmic,* 1922.
109 So. Warren Street, Syracuse, New York.
White, Leon E., *Aural,* 1897. (Deceased.)
White, Leon E., *Aural,* 1923. 390 Commonwealth Ave., Boston, Mass.
Whitney, Raymond C., *Ophthalmic,* 1922.
7 N. 6th Street, New Bedford, Mass.
Willis, Harry C., *Aural,* 1923. 216 E. Nash Street, Wilson, North Carolina.
Winkler, Herman A., *Oto-Laryngological,* 1926.
224 Thayer Street, Providence, Rhode Island.
Wishart, David E. S., *Aural,* 1922.
47 Grosvenor Street, Toronto, Ontario, Canada.
Woodruff, Harry W., *Ophthalmic,* 1936. (Deceased.)
Worthen, Clarence F., *Ophthalmic,* 1917.
319 Commonwealth Ave., Boston, Mass.
Wright, Clarence F., *Oto-Laryngological,* 1931.
618 The Medical Arts Building, Toronto, Ontario, Canada.
Wright, Edward N., *Oto-Laryngological,* 1933.
The Medical Arts Building, Toronto, Ontario, Canada

Form of a Bequest to the Infirmary

I give and bequeath to the Massachusetts Eye and Ear Infirmary of Boston, the sum of dollars, to be applied to the uses of said Infirmary.

ONE HUNDRED AND THIRTEENTH

ANNUAL REPORT

OF THE

Massachusetts Eye and Ear Infirmary

INCORPORATED IN 1827

FOR THE YEAR
1938

BOSTON · MASSACHUSETTS

THE MASSACHUSETTS EYE AND EAR INFIRMARY

243 Charles Street, Corner Fruit Street, Boston, Mass.

The Massachusetts Eye and Ear Infirmary is a charitable Institution supported solely by receipts from patients and voluntary contributions. Only those unable to pay Doctors' fees will be admitted to the Wards or Out-Patient Department.

OUT-PATIENT DEPARTMENT

The Out-Patient Department is open daily excepting Sundays and legal holidays, from 8 to 10 A.M. for examination and treatment of all persons afflicted with disease of the eye, ear, nose or throat, who are unable to pay a physician. Patients should, whenever possible, bring a letter from their physician recommending admission. In emergencies or unusual situations, the patient may be admitted, the doctor notified and information requested from him as to the medical and social aspects of the case. A patient may also be admitted by giving satisfactory evidence that he is not and has not been under treatment by a physician, and that he cannot afford to pay for examination and treatment by a private physician.

Admission fee: Adults, seventy-five cents first visit, other visits fifty cents; children under sixteen years of age fifty cents first visit, other visits twenty-five cents.

HOSPITAL WARD SERVICE

Patients should whenever possible, bring a letter from their doctor recommending admission. If their medical condition after examination by the house officer on duty is found to be suitable, they will be admitted. Persons recommended for admission should come to the Admitting Office, 243 Charles Street, between 9 A.M. and 1 P.M. on week days, excepting legal holidays.

Accident and emergency cases admitted at any time.

Patients admitted to the wards as in-patients will be charged for board at the rate of twenty-four dollars per week, payable in advance, unless some special arrangement is made by the Director. No reduction in rate of board made to those residing outside the Commonwealth of Massachusetts.

PRIVATE PATIENTS

The Infirmary also provides facilities for the care of private patients of members of the hospital staff. The rates for single rooms range from $7 to $9 a day and accommodations in rooms with five or six beds are $4 a day. Patients are expected to arrange with their physician regarding professional fees.

Massachusetts Eye and Ear Infirmary

ONE HUNDRED AND THIRTEENTH

ANNUAL REPORT

OF THE

Massachusetts Eye and Ear Infirmary

INCORPORATED IN 1827

FOR THE YEAR
1938

BOSTON · MASSACHUSETTS

OFFICERS, 1939

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1903	Russell G. Fessenden, 17 Court Street
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1907	Robert H. Stevenson, 50 State Street
1914	James Dean, 201 Devonshire Street
1914	James C. Howe, 904 Exchange Building
1925	Leverett Saltonstall, 55 Congress Street
1929	Walter H. Trumbull, Weston, Mass.
*1934	Patrick A. O'Connell, 154 Tremont Street
1934	Frank G. Allen, 248 Summer Street
1934	Robert F. Bradford, 49 Federal Street
1935	William A. Parker, 1 Court Street
1937	Henry Hixon Meyer, 820 Exchange Building
*1938	Mrs. Charles J. O'Brien, 18 Grafton Street, Arlington, Mass.

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James C. Howe, 904 Exchange Building

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Robert F. Bradford

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James Dean
James C. Howe

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*Appointed by the Commonwealth.

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March	Mr. Meyer Mr. Gardner	September	Mr. Howe Mr. Bradford
April	Mr. Gardner Mr. Curtis	October	Mr. Bradford Mr. Dean
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Fred S. Thorne, M.D.
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Virgil G. Casten, M.D.
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Frederick L. Jack, M.D.
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Charles H. Allman, M.D.
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Pathologist

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Roentgenologist

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Horace K. Sowles, M.D.
Ernest M. Daland, M.D.
Andre W. Reggio, M.D.
Reginald H. Smithwick, M.D.
Grantley W. Taylor, M.D.
Torr W. Harmer, M.D.
E. Parker Hayden, M.D.
Franklin G. Balch, Jr., M.D.
Horatio Rogers, M.D.
Henry H. Faxon, M.D.
Robert R. Linton, M.D.
Richard H. Sweet, M.D.
Oliver Cope, M.D.
Seth M. Fitchet, M.D.
Marshall K. Bartlett, M.D.
Edward B. Benedict, M.D.
Langdon Parsons, M.D.
John D. Stewart, M.D.

Consulting Orthopedists

Marius N. Smith-Petersen, M.D.
Armin Klein, M.D.
William A. Rogers, M.D.
George W. VanGorder, M.D.
Edwin F. Cave, M.D.
Joseph S. Barr, M.D.
Sumner M. Roberts, M.D.
Paul L. Norton, M.D.

Consulting Urologists

George Gilbert Smith, M.D.
Fletcher H. Colby, M.D.
Harvard H. Crabtree, M.D.
Bryant Wetherell, M.D.
Richard Chute, M.D.
Sylvester B. Kelley, M.D.
E. Ross Mintz, M.D.

Consulting Pathologists

Benjamin Castleman, M.D.
Edward A. Gall, M.D.

Consulting Bacteriologist

Louis Dienes, M.D.

Consulting Roentgenologists

George W. Holmes, M.D.
Aubrey O. Hampton, M.D.
James R. Lingley, M.D.
Richard Schatzki, M.D.

Consultant in Contagious Diseases

Edwin H. Place, M.D.

HOUSE STAFF

Internes in Ophthalmology

George A. Filmer, M.D.
Henry F. Stephens, M.D.
Samuel T. Clarke, M.D.
John D. Moorman, M.D.
Earl S. Seale, M.D.
Thomas J. Cavanaugh, M.D.
Clarence H. Albaugh, M.D.

Internes in Oto-Laryngology

Joshua C. Drooker, M.D.
Irl H. Blaisdell, M.D.
Joseph M. Clough, M.D.
Walter J. Wherry, M.D.
Robert G. Snow, M.D.
James A. Moore, M.D.
Earl C. Slaughter, M.D.

Executive Assistants

Helen McCaskill, R.N.
Ruth M. Hutchinson, R.N.
Walborg L. Peterson, R.N.

Superintendent of Nurses

Sally Johnson, R.N.

Assistant Superintendent of Nurses

Dorothy M. Tarbox, R.N.

Director of Social Service

Helen J. Almy

BRIEF HISTORY OF THE MASSACHUSETTS EYE AND EAR INFIRMARY

The Massachusetts Eye and Ear Infirmary had its inception in the latter part of 1824 when Dr. Edward Reynolds and Dr. John Jeffries established a free clinic for the treatment of the eye in a small room in the Scollay Building situated in what is now the center of Scollay Square. It is the second oldest institution of its kind in the United States, the New York Eye and Ear Infirmary having been founded in 1820.

In the first sixteen months nearly 900 patients were treated, and so successful was the undertaking that in March, 1826, with the aid of friends, a public subscription was started and the Boston Eye Infirmary was formed. In 1827 it was formally incorporated as the Massachusetts Charitable Eye and Ear Infirmary (changed to the Massachusetts Eye and Ear Infirmary in 1924) and shortly moved to larger quarters at the corner of Court and Tremont Streets. The Infirmary was open from 12 to 1 o'clock for gratuitous treatment of the eye and ear. In 1827 there were reported 583 cases of eye diseases and 98 of ear diseases. The receipts were $473.62 and the expenses $333.62.

By 1836 the Infirmary was so well known that one-third of the patients came from outside of Boston and 153 towns and cities were represented. Owing to the increase in the number of patients, the Infirmary was removed in 1836 to the Salisbury Building on Summer Street, and three years later the Gore mansion on Green Street near Bowdoin Square was purchased. To enable the Infirmary to do this, the Commonwealth gave $5,000 and an additional grant of $2,000 a year, for five years. Here for the first time ward patients could be accommodated to the number of twenty. Previously they had been placed in boarding houses in the neighborhood. Facilities were provided for a school of observation, as it was called, for medical students and Dr. Jeffries gave a course of lectures at the Infirmary which was followed by lectures for six successive years by Dr. Reynolds at the Tremont Medical School. Daily clinics for students were held.

By 1849 the Gore mansion had become too small to take care of the increasing number of patients, in that year 2,000. With the aid of a generous grant from the Commonwealth and funds raised by subscriptions, property on Charles Street near Cambridge Street was purchased and a new Infirmary built and dedicated in 1850. Later a wing was added. In 1871 the Ear Department was organized and by 1876 the patients in that department numbered 2,250.

The first Charles Street building, which had housed the Infirmary for over fifty years, proved inadequate, and the Out-Patient Department was much over-crowded, with an average weekly attendance of 1,200. With the aid of a grant from the Commonwealth of $100,000, the present site was purchased and the building was completed in March, 1899. Since the last Constitutional Convention the Infirmary cannot by law receive any grant from the Commonwealth. Social Service was instituted in 1907. The Gardner Building for the treatment of contagious diseases of the eye was added shortly and in 1909 a separate building was built for the Pathological Laboratory. In the same year a Nurses' Home was built on the site of the old Infirmary, to house 94 people, and later the space formerly occupied by nurses in the Infirmary was changed into a private ward. A school for graduate and affiliated nurses which gives special training in the care of diseases of the eye, ear, nose and throat is maintained.

In the year 1922 the Laryngological Department of the Massachusetts General Hospital was granted the use of beds in the Infirmary and became a department of that institution as far as its house work was concerned.

In 1925 the surgeons of the Aural and Laryngological departments appear in one group as Oto-Laryngologists.

January 1st, 1928, the Laryngological Out-Patient Department of the Massachusetts General Hospital was taken over by the Infirmary and the relations of the Aural Department with the Laryngological Department became very close. At the same time the Out-Patient Department, though still operated by the

Infirmary, was joined with that of the Massachusetts General Hospital in the new building built by the latter.

Part of the space formerly occupied by the Out-Patient Department was taken for the Howe Laboratory of Ophthalmology. This was made possible through the generosity of the late Dr. Lucien Howe, who gave $250,000 towards a fund of $500,000 given to Harvard College, the income to be used for research work. The balance of the space was given over to the Research Laboratory of the Ear, Nose and Throat Department, the X-Ray Department and the Lucien Howe Library of Ophthalmology.

Last year the Infirmary took care of 5,846 people in the public wards, 1,621 in the private wards and there were 100,465 visits to the Out-Patient Department. The active staff numbers 89 and there are 218 paid employees.

REPORT OF THE PRESIDENT

On behalf of the Board of Managers of the Massachusetts Eye and Ear Infirmary, I beg to present to the Corporation the One Hundred and Thirteenth Annual Report, being for the year 1938.

The expenses of the Infirmary were $2,109.95 more than last year and the receipts $1,734.78 more, so the net result was about the same. Subscriptions and income on invested funds were about $19,500 less than last year. The difference, apart from decreased income from investments, was mainly due to the fact that last year we had a carry-over from the Community Federation from the year before of $16,152.50. The result was a deficit of slightly over $13,000, or figuring the decrease in inventory, of about $15,000. This is the first deficit for a number of years. In spite of the economies practised, on account of the constantly increasing demands and the continually decreasing return on investments, it seems impossible not to incur a deficit. The Community Federation with demands in excess of subscriptions is unable to allot enough to the Infirmary to make up the deficit. Meanwhile, there are many major improvements which should be made. New operating rooms should be provided and many departments are cramped for space.

The number of patients in the Public Wards was 5,846, compared with 5,642 last year, and the daily average of patients 119 compared with 117. Patients pay what they can and approximately one-quarter paid nothing on discharge though some paid something later. If the total receipts are considered it is the same as if 35% paid nothing and the rest full rates. Putting it another way, we received for board an average of $2.21 per patient per day compared with the full rate of $3.45 which is much less than cost. There were slightly fewer patients in the Private Wards than last year. Visits to the Out-Patient Department were 332 per day, about the same as last year. About 40% of these were free, counting the combined department, Massachusetts Eye and Ear Infirmary and Massachusetts General Hospital.

The reports of the various departments show the many activities carried on. The work of these departments should be increased and additional facilities provided, but the Managers feel that with a deficit facing them they cannot provide the necessary funds. As usual the Infirmary is very much indebted to the members of the Ladies' Visiting Committee. They have redecorated the Surgeons' Parlor, provided Venetian blinds in the Nursery, supplied mothers' milk, and many other things besides visiting the patients and providing the services of a reader. They held a very successful Rummage Sale and with the proceeds and also from certain subscriptions they have founded the John and Martha Lawrence Fund. At the end of the year, including interest allowed on the fund, it amounted to $3,524.10. The only change in the Board of Managers was the appointment by the Governor of Mrs. Charles J. O'Brien in place of Mr. William H. Claflin.

The Managers gratefully acknowledge bequests received during the year from the estates of Lucy Newcomb, Harriet E. Bird, Lucy H. Eaton, Martha H. Brooks, Mary L. Crowell, Elizabeth R. Stevens and Charlotte S. Sprague. They also wish to thank the persons who showed their interest in the Infirmary by designating it in their contributions to the Community Fund.

The Managers are deeply grateful to the members of the Staff and the employees to whose devoted and unselfish service the continued growth and efficiency of the Infirmary are due.

R. G. Fessenden,
President.

REPORT OF THE TREASURER

Statement of Income — Receipts and Disbursements

for the year ending December 31, 1938

Hospital Receipts:				
As per Directors' Financial Statement (Page 32)				$350,254.31
Less:				
Hospital Operating Disbursements:				
As per Directors' Financial Statement (Page 32):				
General		$445,939.68		
Social Service		18,239.44	$464,179.12	
Treasurer's Disbursements:				
Auditing, Bookkeeping and Custody of Securities		$ 1,650.00		
Insurance		151.00		
Miscellaneous		2,778.56	4,579.56	
Total Ordinary Disbursements				468,758.68
Excess of Ordinary Disbursements over Hospital Receipts				$118,504.37
Deduct:				
Other Income Receipts:				
Total Income from Investment Securities		$ 71,116.62		
Less:				
One-half income from F. E. Weber Fund—added to Principal	$ 86.02			
Income from Fund for Maintenance of Gardner Building—added to Principal	663.14			
Income from George Strong Derby Memorial Fund — Unexpended	143.37			

Income from John and Martha Lawrence Fund—added to Principal	94.10	986.63	$ 70,129.99	
*Contributions for general purposes			521.63	
MISCELLANEOUS INCOME:				
From the Community Federation of Boston—1937		$ 2,110.42		
From the Community Federation of Boston—1938		22,307.00		
From the Estate of Charles G. Greene		181.82		
From the Estate of Elisha V. Ashton		2,400.00		
From the Committee of the Permanent Charity Fund, Incorporated		62.50		
Transfer from Special Purpose Funds		7,159.15	34,220.89	104,872.51
DEFICIT—EXCESS OF DISBURSEMENTS OVER RECEIPTS ON INCOME ACCOUNT—CHARGED TO GENERAL FUND				$ 13,631.86

*There were also contributions for various special purposes amounting to $5,902.67 (including $2,807.68 for Social Service) which have been added to principal of Special Purpose Funds.

BALANCE SHEET

December 31, 1938

Assets

Land and buildings—book value:		
Infirmary	$ 357,400.44	
Laboratory buildings	11,735.91	
Nurses' dormitories	122,605.64	
		$ 491,741.99
Investments—book value:		
Real estate	$ 5.00	
Securities, etc.	1,938,450.38	
		1,938,455.38
Cash on hand:		
Capital account	$ 59,388.85	
Income account	3,418.99	
		62,807.84
TOTAL ASSETS		$2,493,005.21

Capital and Funds

General Fund	$1,437,034.01
Permanent funds—income restricted	166,331.71
Permanent funds—income unrestricted	879,890.73
Special purpose funds	6,329.77
Unexpended restricted income	3,418.99
TOTAL CAPITAL AND FUNDS	$2,493,005.21

The Managers gratefully acknowledge receipt of the following legacies during the year 1938:

PERMANENT FUNDS

Estate of Elizabeth R. Stevens Additional, making a total of $542,754.99. Income unrestricted.	$ 4,100.00
Estate of Charlotte S. Sprague To establish the Charlotte S. Sprague Fund for a Free Bed in memory of Elizabeth J. Ward.	10,000.00

GENERAL FUND

Principal and Income Unrestricted

Estate of Lucy Newcomb Additional, making a total of $826.25.	$ 100.00
Estate of Harriet E. Bird	31,550.05
Estate of Lucy H. Eaton Additional, making a total of $62,000.	500.00
Estate of Martha H. Brooks Final payment, making a total of $11,070.73.	93.37
Estate of Mary L. Crowell	10,000.00

John and Martha Lawrence Fund Principal and income to be at the disposal of the Ladies' Visiting Committee.	$ 3,430.00

INVESTMENT SECURITIES

December 31, 1938

BONDS	
$ 5,000	U. S. Treasury Notes, 2⅛%, June 15, 1939
2,000	U. S. Treasury Notes, 1⅜%, September 15, 1939
25,000	U. S. Treasury Notes, 1½%, June 15, 1940
5,000	U. S. Treasury Notes, 1½%, March 15, 1941
10,000	U. S. Treasury Notes, 1⅜%, June 15, 1941
2,000	U. S. Treasury Notes, 1¾%, March 15, 1942
10,000	U. S. Treasury Bonds, 3¼%, August 1, 1941
63,000	U. S. Treasury Bonds, 3¼%, October 15, 1945
20,000	U. S. Treasury Bonds, 2¾%, September 15, 1947
10,000	U. S. Treasury Bonds, 3%, June 15, 1948
5,000	U. S. Treasury Bonds, 2¾%, March 15, 1951
5,000	U. S. Treasury Bonds, 2½%, September 15, 1952
35,000	U. S. Treasury Bonds, 2¾%, June 15, 1954
5,000	U. S. Treasury Bonds, 2¾%, September 15, 1959
8,000	U. S. Treasury Bonds, 2⅞%, March 15, 1960
36,000	U. S. Treasury Bonds, 2¾%, June 15, 1963
20,000	Albany & Susquehanna Railroad registered 3½s 1946
15,000	American Telephone & Telegraph Company 5½s 1943
10,000	American Telephone & Telegraph Company 3¼s 1966
20,000	Atchison, Topeka & Santa Fe Railway Co. General 4s 1995
10,000	Belgium, Kingdom of, 6½s 1949
15,000	Blackstone Valley Gas & Electric Company 4s 1965
10,000	Boston & Albany Railroad 4½s 1943
10,000	Boston Terminal Company registered 3½s 1947
14,000	Boston & Maine Railroad Company Series "V" 5s 1942
1,000	Boston & Maine Railroad Company Series "Z" 5s 1943
9,000	Boston & Maine Railroad Company Series "AA" 5s 1944
1,000	Boston & Maine Railroad Company Series "DD" 5s 1945
3,000	Bush Terminal Buildings Company 1st 5s 1960
10,000	Butte Electric & Power Company 1st 5s 1951
10,000	Canada, Dominion of, 2¼s 1944
25,000	Canada, Dominion of, 3s 1968
20,000	Canada, Dominion of, 3¼s 1961
25,000	Canadian Pacific Railway Equipment Trust 5s 1944
10,000	Central New York Power Corporation General 3¾s 1962
10,000	Chesapeake & Ohio Railway Company General 4½s 1992
20,000	Chicago, Burlington & Quincy Railroad 1st & Ref. 4½s 1977
8,500	Chicago City Railway Company 1st 5s 1927 (C/D)
25,000	Chicago Junction Railways & Union Stock Yards 4s 1940
1,000	Chicago Junction Railways & Union Stock Yards 5s 1940

$25,000	Chicago & Northwestern Railway Company 4¾s 1949
10,000	Cincinnati Gas & Electric Company 1st 3½s 1967
20,000	Cincinnati Union Terminal Company 5s 1957
20,000	Florida Power & Light Company 1st 5s 1954
25,000	General Motors Acceptance Corporation Note, January 17, 1939
25,000	General Motors Acceptance Corporation Note, July 28, 1939
5,000	General Motors Acceptance Corporation debenture 3s 1946
10,000	General Motors Acceptance Corporation debenture 3¼s 1951
10,000	Georgia Power Company 1st & Refunding 5s 1967
10,000	Great Northern Railway Company General 3¾s 1967
20,000	Hudson & Manhattan Railroad Company 1st 5s 1957
20,000	Illinois Power & Light Company 1st & Refunding 5s 1956
20,000	Illinois Steel Company debenture 4½s 1940
10,000	Inland Steel Company 1st 3¾s 1961
15,000	Jacksonville Terminal Company Ref. & Ext. 5s 1967
15,000	Lake Shore & Michigan Southern Ry. Co. registered 3½s 1997
10,000	Long Island Railroad Company refunding 4s 1949
20,000	Long Island Railroad Company Unified 4s 1949
7,000	Louisville & Jeffersonville Bridge Company 4s 1945
15,000	Maine Central Railroad 1st 4s 1945
10,000	Memphis Power & Light Company 1st refunding 5s 1948
10,000	Michigan Central Railroad Company 1st 3½s 1952
10,000	Mississippi River Power Company 1st 5s 1951
20,000	Missouri Pacific R.R. Company 1st & Refunding 5s 1977 C/D
14,000	National Steel Corporation 1st 4s 1965
10,000	Newton, City of, registered 4¼s 1939
4,000	Newton, City of, registered 4¼s 1940
2,000	Newton, City of, registered 4¼s 1941
15,000	New York Central & Hudson River Railroad, Michigan Central 3½s 1998
4,000	New York, New Haven & Hartford Railroad 3½s 1947
25,000	New York, New Haven & Hartford Railroad Conv. Deb. 6s 1948
10,000	North Boston Lighting Properties 3½s 1947
15,000	Northern Pacific Railway Co., General Lien & Land Grant 3s 2047
15,000	Ohio Edison Company 1st 4s 1967
35,000	Pennsylvania Power & Light Company 1st 4½s 1981
10,000	Pennsylvania Glass Sand Corporation 4½s 1960
15,000	Pennsylvania Railroad 4¼s 1981
15,000	Philadelphia Electric Co. 1st & Refunding 3½s 1967
15,000	Rochester Gas & Electric Corporation 5s 1962
10,000	St. Johnsbury & Lake Champlain Railroad Co. 1st 5s 1944

$15,000	St. Louis San Francisco Ry. Co. Equipment Trust 4½s 1942
10,000	St. Paul Union Depot Company 1st refunding 5s 1972
20,000	Safe Harbor Water Power Corporation 4½s 1979
20,000	Shell Union Oil Corporation 3½s 1951
20,000	Socony-Vacuum Oil Company debenture 3½s 1950
15,000	Southern Bell Telephone & Telegraph Co. debenture 3¼s 1962
20,000	Southern Pacific Company 4½s 1969
20,000	Utah Power & Light Company 1st 5s 1944
15,000	Virginia Electric & Power Company 1st & Refunding 3½s 1968
15,000	Washington Water Power Company 1st & General 5s 1960
15,000	Western Massachusetts Companies 3¼s 1946
10,000	Western Union Telegraph Company 5s 1960
15,000	Youngstown Sheet & Tube Company 1st 4s 1961

MORTGAGE NOTE

One-fourth interest in $2,240 Mortgage Note of C. B. Heckman, due May 22, 1940 on property at 65 Natasco Avenue, Hull, Mass.

STOCKS

250	shares Algonquin Printing Company
100	shares American Can Company, common
150	shares American Sugar Refining Company, preferred
410	shares American Telephone & Telegraph Company
204	shares Atchison, Topeka & Santa Fe Railway Company, common
200	shares Borden Company, common
100	shares Boston Edison Company
100	shares Boston Real Estate Trust
100	shares Chicago Junction Rys. & Union Stock Yards Co., preferred
200	shares Cleveland Electric Illuminating Company, $4.50 preferred
200	shares Consolidated Edison Company of New York, common
200	shares Consolidated Edison Company of New York, $5 preferred
200	shares Consolidated Gas Electric Light & Power Co. of Baltimore
150	shares Continental Can Company, Inc., $4.50 preferred
25	shares Dwelling House Associates
100	shares Electric Bond & Share Company, preferred
218	shares First National Bank of Boston
500	shares General Electric Company, common
100	shares General Motors Corporation, common
300	shares Hartford Fire Insurance Company
100	shares Liggett & Myers Tobacco Company, common
100	shares Ludlow Manufacturing Associates
200	shares National Biscuit Company, common

188	shares National Shawmut Bank of Boston
100	shares New England Telephone & Telegraph Company
200	shares New York Central Railroad Company
200	shares Pennsylvania Railroad Company
300	shares Phillips Petroleum Company
150	shares Phoenix Insurance Company
200	shares Procter & Gamble Company, common
100	shares Public Service Corporation of New Jersey, $5.00 preferred
200	shares Southern Railway Company, preferred
203	shares Standard Oil Company of New Jersey
180	shares Tacoma Railway & Power Company
100	shares Union Carbide & Carbon Corporation
100	shares Union Pacific Railroad Company, common
200	shares United Fruit Company
200	shares United Shoe Machinery Corporation, common
100	shares United States Steel Corporation, common
300	shares United States Steel Corporation, preferred

SECURITIES HELD FOR WEBER FUND

BONDS	
$1,000	U. S. Treasury Notes, 1½%, March 15, 1941
500	U. S. Treasury Bonds, 3¼%, October 15, 1945
5,000	U. S. Treasury Bonds, 2%, December 15, 1947
500	U. S. Treasury Bonds, 2⅞%, March 15, 1960
1,000	U. S. Treasury Bonds, 2¾%, June 15, 1963

REPORT OF THE LADIES' VISITING COMMITTEE

During the past year we have tried to carry on our usual obligations to the Hospital but have not undertaken any new ones, although we made more money last year from our Rummage Sale than ever before. The reason for this is, that the Ladies' Visiting Committee has established the John and Martha Lawrence Fund in memory of Mr. and Mrs. John Lawrence who were for so many years connected with, and interested in, the Infirmary. This Fund was started with the $3,000 we made at last year's Rummage Sale and we acknowledge with grateful appreciation $430 more that has since been added to it by relatives and friends of Mr. and Mrs. Lawrence. Our aim, as I said in last year's report, is to increase this Fund from year to year so that we will eventually have an income from it that will insure to the Hospital the continued support of those obligations that the Ladies' Visiting Committee has always undertaken. Mr. Dean has very kindly agreed to take charge of the management of this Fund for us.

We were able, in spite of our economy, to redecorate the Surgeons' Library. We are very grateful to Mrs. John Bryant and Mrs. Francis Hunter for all the time and thought they gave to this, and to Mr. Hartwell of Brett, Gray and Hartwell, for his help and advice. We also wish to thank Mr. Kinsman again, for the work he did and for his help and co-operation.

We have carried on our visiting as usual and one of our members has again donated the services of a reader for two afternoons a week.

During the year, we gave $235.10 for breast milk for premature babies, $50 of which was given by one of our members. Magazines for the patients, special magazines for the Social Service Department, and magazines and newspapers for the Nurses' Home have again been given by the Committee. Another member of our Committee has given twenty Venetian Blinds for some of the offices and wards and we have had a telephone installed in Miss Wade's room in the Nurses' Home.

We supplied an Occupational Therapy Worker to take Miss Wade's place for a month last summer and gave a special lens to a Social Service patient who could not afford the $50 it cost and would otherwise have lost her job.

Our Committee gave money to the Hospital for the Thanksgiving and Christmas parties and various members of our Committee donated a tree for the yard and small trees for the wards, as well as flowers, candy and toys. Money was also given by one of our members for the Christmas party at the Nurses' Home.

Respectfully submitted,

Helen M. Sargent,
Chairman Ladies' Visiting Committee.

REPORT OF THE DIRECTOR

To the Managers:

Gentlemen: Herewith I submit my fourth report as Director and the annual report for the year 1938. The number of private patients treated in the Eye and Ear Infirmary during the year was slightly less than in 1937; the number of ward patients slightly greater: the total 4 more. The highest census was 181 on January 29 and July 22; the lowest 81 on December 25. The same cycle of occupancy of former years was again noted. The average stay in the hospital was 7 days. The turnover, that is the number of patients changing daily, is frequently very great—sometimes as high as 40% of the total number of patients in the Infirmary.

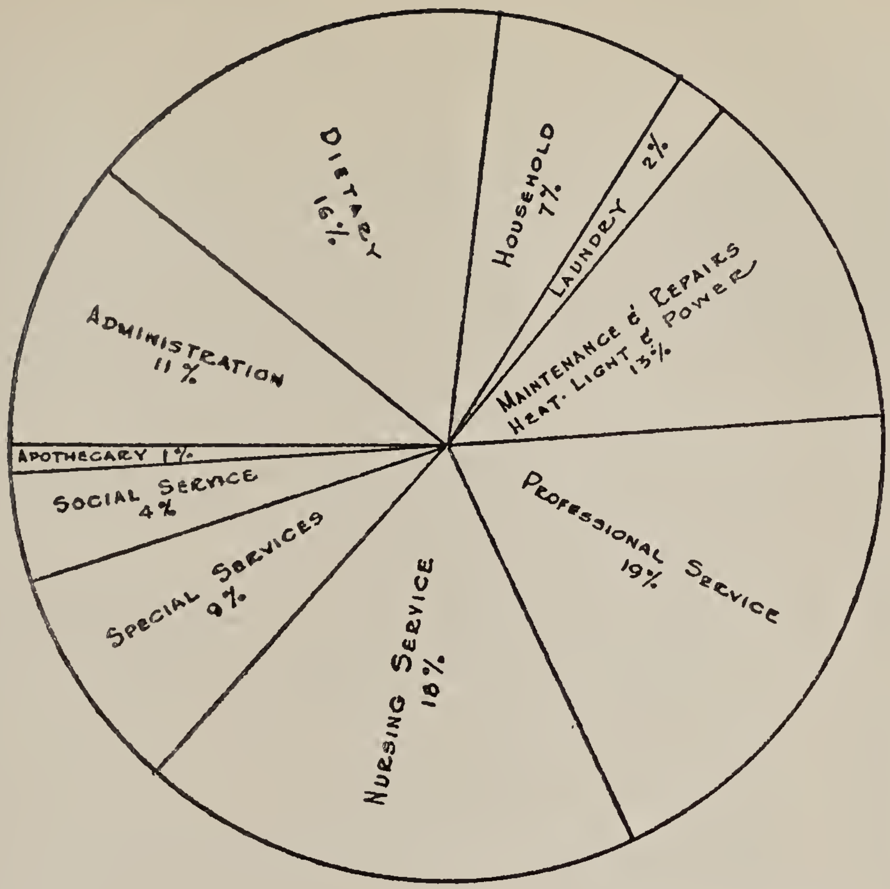
Although the total expenses were slightly larger than last year receipts showed an equal gain so that the operating deficit remains the same or $113,000. Donations and income however were smaller so that a net deficit of $13,631.86 resulted which had to be taken from capital funds. It is unnecessary to emphasize the danger of such withdrawals and since curtailing of any of the activities of the Infirmary would reduce its service to the community it is hoped that 1939 will show an increase in donations for endowment or immediate use sufficient to prevent further drain on capital funds of the Infirmary.

It is always interesting and often enlightening to see where the money comes from and where it goes. The accompanying graphs show the distribution of the income and expense dollar.

It is well known that certain diseases which were formerly listed among the scourges of mankind, such as Tuberculosis, Diphtheria, Small Pox and Typhoid have either been greatly reduced or have nearly disappeared.

A similar change in the frequency of disease has taken place in the last 40 years in the Infirmary but because these diseases are not as well known to the general public or even to the average medical practitioner it has probably escaped attention. The fol-

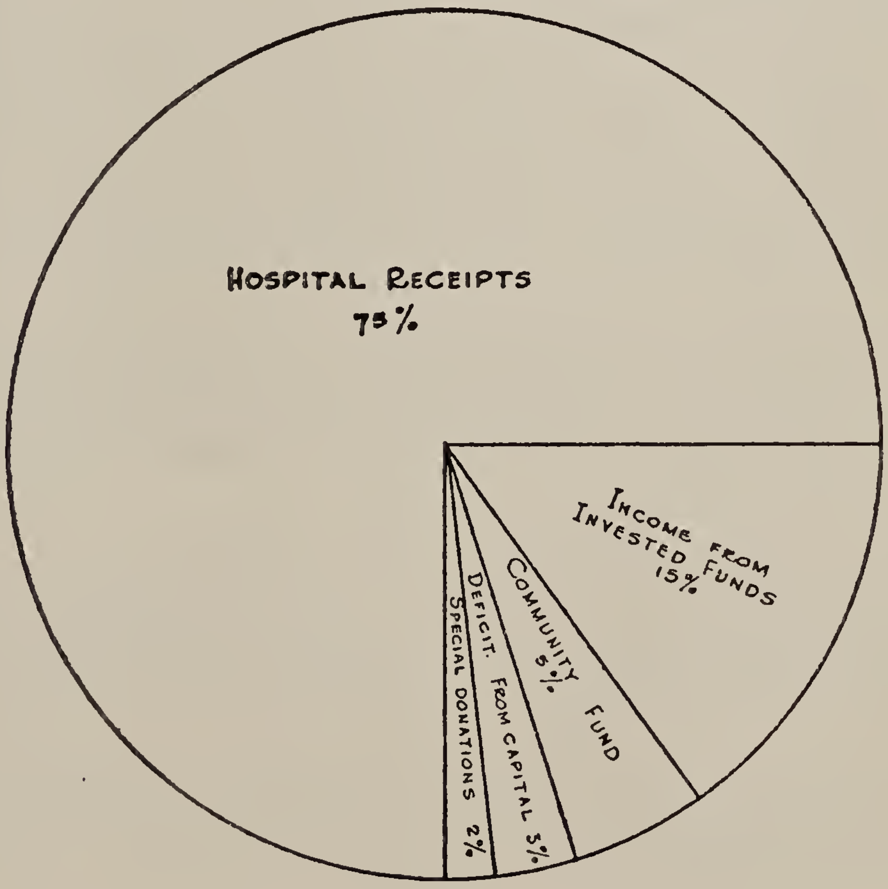
Distribution of the Expense Dollar



Medical Records
X-Ray
Occupational Therapy
Laboratories
} SPECIAL SERVICES

Salaries & Wages . . .	$261,273
Supplies	202,905
Total Maintenance . .	$464,178

Distribution of the Income Dollar



lowing table graphically presents the decline of certain diseases and unfortunately records the increase of others. There is however, some consolation since this increase occurs only in those conditions which are usually found in persons past middle life, and one may well reflect that it is better to have glaucoma at 60 than to acquire blindness from gonorrheal conjunctivitis at birth.

1900	Number of Patients Treated for		*1938*
71	Suppurative Conjunctivitis and	44	116
	Ophthalmia Neonatorum	72	
132	Gonorrheal Suppurative Conjunctivitis and	4	18
	Gonorrheal Ophthalmia Neonatorum	14	
65	Phlyctenular Keratitis		4
22	Interstitial Keratitis		8
43	Glaucoma		440
5	Carcinoma		118

The Director expresses thanks to the Red Cross for dressings, to the Needlework Guild for operating gowns and to the Ladies' Visiting Committee for many gifts and their helpful interest.

Thanks are due the Ladies' Visiting Committee and especially Mrs. Sullivan A. Sargent, Jr., and Mrs. John Bryant, for redecorating and greatly improving the Surgeons' Parlor and the Managers' Room. Some of the photographs of the Senior Staff together with two pictures of Old Boston, the gift of Dr. and Mrs. Harris P. Mosher, have been placed on the walls of the stairway leading to the second floor.

The Infirmary has benefited again from the generosity of two of its constant friends—20 sets of Venetian Blinds for the Nursery and rooms from Mrs. Richard C. Curtis and 50 folding chairs from Dr. George H. Wright.

The X-ray Department has been improved through the installation of shock proof tubes with new stands, which now eliminate a hazard which fortunately had been successfully guarded against.

There were 68 patients who belonged to the Associated Hospital Service Corporation, cared for in the Infirmary. (Apparently the community believe that the Hospital Service can be of real substantial value.)

Open House for the Community Fund was held on January 11, 1939 and was attended by 80 people. The Infirmary is grateful for the assistance it receives from the Community Fund and was glad to be able to conduct 12 "Come and See Tours" during the fall for groups of about 20 people each.

STAFF CHANGES

Board of Managers

Mrs. Charles J. O'Brien was appointed a Manager by the Commonwealth in place of Mr. William H. Claflin.

APPOINTMENTS

Clinical Assistants in Ophthalmology

Dr. Albert E. Sloane	March 21, 1938
Dr. S. Forrest Martin	April 1, 1938
Dr. Garrett L. Sullivan	November 21, 1938

Clinical Assistants in Oto-Laryngology

Dr. Walter L. McClintock	May 16, 1938
Dr. Merrill Wattles	December 19, 1938

Dietitians

Miss Eunice V. Cox resigned October 1938 having served as Dietitian since November 1933.

Miss Vera Marquis replaces Miss Cox.

Miss Olive T. Homan, Assistant Dietitian, resigned May 1938.

Miss Isobel Cook replaces Miss Homan.

NEEDS OF THE INFIRMARY

1. Although the Treasurer's report shows the sound financial condition of the Infirmary and emphasizes the care and wisdom of its investments, it is clear that with the present endowment a gradual reduction in income must be faced and that the outstanding need is for many and larger gifts

to this general endowment fund. This danger is emphasized by the deficit for the current year. The attention of all philanthropically minded persons is called to this need with the hope that they will generously respond so that the Infirmary may continue to serve New England in the future as it has in the past.

2. For many years the Ophthalmological Department has sought funds for the development of a Chemical Laboratory wherein it could carry on research. The application of chemistry to ophthalmological problems is a field which has never been adequately pursued or developed.
3. New operating rooms are much needed. To provide them major changes in the building will be necessary. A gift that will make this possible is much desired.
4. Occupational Therapy offers much to Infirmary patients. The Infirmary funds at present can support only one worker. Another worker is needed.

Respectfully submitted,

NATHANIEL W. FAXON, M.D.
Director.

DIRECTOR'S FINANCIAL STATEMENT

	January 1, 1938 to January 1, 1939			January 1, 1937 to January 1, 1938		
SALARIES AND WAGES	Total	Infirmary	Out-Patient Dept.	Total	Infirmary	Out-Patient Dept.
Administration—Officers, Clerks, Messengers	$ 30,838.11	$ 23,590.14	$ 7,247.97	$ 29,825.77	$ 22,879.31	$ 6,946.46
Telephone	1,511.67	1,289.25	222.42	1,498.20	1,277.41	220.79
Dietary—Kitchen and Serving Room	17,653.41	17,471.67	181.74	17,395.53	17,220.11	175.42
Household and Property						
Housekeeping	2,560.80	2,560.80		2,554.88	2,554.88	
Cleaners and Maids	15,348.66	9,795.90	5,552.76	15,195.32	9,694.93	5,500.39
Laundry	6,128.76	6,128.76		6,018.58	6,018.58	
Maintenance and Repair	12,316.76	11,056.56	1,260.20	12,295.46	11,443.78	851.68
Store	2,111.25	2,111.25		1,925.42	1,925.42	
Professional Services						
Physicians and Surgeons	6,549.20	6,549.20		6,549.20	6,549.20	
Opticians	6,148.02		6,148.02	6,197.99		6,197.99
Refractionists	11,404.28		11,404.28	11,324.27		11,324.27
Nursing—Superintendents and Assistants	3,979.10	3,979.10		3,936.14	3,936.14	
Graduate Nurses	43,969.48	39,889.03	4,080.45	43,079.68	39,234.34	3,845.34
Post Graduates and Pupils	418.49	418.49		486.21	486.21	
Attendants and Ward Maids	14,557.20	14,557.20		14,077.16	14,077.16	
Orderlies	14,381.25	13,867.34	513.91	14,050.59	13,612.45	438.14
Nurses' Home, Maids and Matrons	2,813.66	2,813.66		2,778.25	2,778.25	
Medical Records and Library	11,417.59	5,599.16	5,818.43	12,517.39	5,796.98	6,720.41
Social Service	13,755.63	13,755.63		12,994.32	12,994.32	
X-Ray Operators and Clerks	7,687.66	7,687.66		7,435.45	7,435.45	
Laboratories	7,540.32	7,540.32		7,103.75	7,103.75	
Apothecary	4,094.45	1,772.40	2,322.05	3,784.89	1,895.40	1,889.49
Occupational Therapy, Kindergarten Workers	2,874.23	2,874.23		2,717.63	2,717.63	
TOTAL	$240,059.98	$195,307.75	$ 44,752.23	$235,742.08	$191,631.70	$ 44,110.38
Special Nurses—Private	17,347.75	17,347.75		19,012.25	19,012.25	
Special Nurses—Wards	3,866.25	3,866.25		5,256.75	5,256.75	
TOTAL SALARIES AND WAGES	$261,273.98	$216,521.75	$ 44,752.23	$260,011.08	$215,900.70	$ 44,110.38
SUPPLIES						
Administration—Office, Telephone, Insurance	$ 14,435.97	$ 12,968.08	$ 1,467.89	$ 13,578.52	$ 12,259.34	$ 1,319.18
Dietary—Food	52,481.51	47,615.07	4,866.44	55,669.09	51,099.59	4,569.50
Other Expenses	834.75	834.75		493.51	493.51	
Household and Property						
Housekeeping	10,417.18	9,541.18	876.00	9,452.77	8,476.70	976.07
Laundry	1,643.06	1,387.05	256.01	1,804.46	1,544.10	260.36
Heat, Light, Power, Water—Hospital	21,084.62	16,435.90	4,648.72	19,951.78	15,624.04	4,327.74
Maintenance and Repairs	7,673.27	6,811.05	862.22	10,238.27	9,306.17	932.10

Professional Services							
Medical and Surgical Supplies		40,240.28	22,721.42	17,518.86	39,203.14	24,821.64	14,381.50
Optical Supplies		21,635.65		21,635.65	18,955.08		18,955.08
Medical Records		2,300.76	1,077.81	1,222.95	3,622.09	1,651.88	1,970.21
Social Service		3,024.36		3,024.36	2,019.14		2,019.14
X-Ray		5,347.92	5,347.92		4,600.15	4,600.15	
Laboratories		2,475.69	2,475.69		2,787.71	2,787.71	
Heat, Light, Power, Water—Nurses' Home		2,696.40	2,696.40		2,439.02	2,439.02	
Uniforms—House Officers, Attendants, etc.		929.90	545.58	384.32	976.61	569.29	407.32
Carrying Charge Out-Patient Department		14,630.40		14,630.40	14,630.40		14,630.40
Miscellaneous		1,053.42	1,053.42		1,185.47	1,185.47	
TOTAL SUPPLIES		$202,905.14	$131,511.32	$ 71,393.82	$201,607.21	$136,858.61	$ 64,748.60
RECEIPTS							
Board	Private Patients	$ 51,368.08	$ 51,368.08		$ 54,254.70	$ 54,254.70	
Operating Room	" "	12,887.20	12,887.20		13,834.00	13,834.00	
X-Rays	" "	1,820.00	1,820.00		2,051.00	2,051.00	
Miscellaneous	" "	411.58	411.58		739.15	739.15	
Board	Ward Patients	96,309.93	96,309.93		95,713.86	95,713.86	
Operating Room	" "	18,164.64	18,164.64		17,582.45	17,582.45	
X-Rays	" "	16,565.47	5,004.87	$ 11,560.60	16,275.87	5,077.95	11,197.92
Miscellaneous	" "	413.80	413.80		556.00	556.00	
Admissions	Out-Patient Department	35,043.33		35,043.33	33,685.87		33,685.87
Refractions	" "	10,320.19		10,320.19	10,303.90		10,303.90
Optical	" "	56,409.64		56,409.64	51,905.38		51,905.38
Operating Rooms	" "	1,769.30		1,769.30	1,844.25		1,844.25
Apothecary		17,421.25	1,461.74	15,959.51	17,229.43	1,581.19	15,648.24
Miscellaneous		6,055.16	3,235.27	2,819.89	5,967.46	3,406.82	2,560.64
Emergency Ward		2,270.05	2,270.05		2,090.65	2,090.65	
Clinical Records		595.19	479.16	116.03	788.81	432.42	356.39
TOTAL		$327,824.81	$193,826.32	$133,998.49	$324,822.78	$197,320.19	$127,502.59
Special Nurses—Private		18,475.50	18,475.50		19,586.25	19,586.25	
Special Nurses—Wards		3,954.00	3,954.00		4,110.50	4,110.50	
TOTAL HOSPITAL RECEIPTS		$350,254.31	$216,255.82	$133,998.49	$348,519.53	$221,016.94	$127,502.59
SUMMARY, 12 MONTHS							
Salaries and Wages		$261,273.98			$260,011.08		
Supplies		202,905.14			201,607.21		
Total Maintenance Expenses		$464,179.12			$461,618.29		
Extraordinary Expenses		0.00			450.88		
Total Hospital Expenses		$464,179.12			$462,069.17		
Total Hospital Receipts		350,254.31			348,519.53		
Excess Expenses over Receipts		$113,924.81			$113,549.64		

REPORT OF THE DIRECTOR

STATISTICS

January 1, 1938 to January 1, 1939

House Patients

Number of patients: Public Wards:	In Ward Jan. 1, 1938	Admitted	Treated	Remaining Dec. 31, 1938
Eye	58	2,203	2,261	57
Ear	27	464	491	15
Nose and Throat	24	3,070	3,094	24
Total	109	5,737	5,846	96
Private Ward:				
Eye	10	742	752	13
Ear	4	66	70	1
Nose and Throat	12	787	799	6
Total	26	1,595	1,621	20
Total Public and Private Wards 1938	135	7,332	7,467	116
Total Public and Private Wards 1937	147	7,316	7,463	135

	1938	1937
Average number of patients treated daily in Public Wards	119	117
Average number of patients treated daily in Private Ward	27	29
Average number of days patients remained in hospital	7	7
*Number of days board furnished free Public Wards	15,631	15,238
*Number of days board paid at full rate Public Wards	27,915	27,743
Number of days board paid in Private Ward	10,001	10,874
Total number of patients' days	53,547	53,855

Operations

		1938	1937
Public Ward:	Eye	2,152	2,275
	Ear, Nose and Throat	3,763	3,428
Private Ward:	Eye	750	798
	Ear, Nose and Throat	713	732
	Total	7,378	7,233

*These figures are obtained by taking the amount of money received for board of patients in the public wards and dividing that figure by the full rate of board prevalent at that time. This gives the number of paying patients, reckoned as though they were paying full rates. By subtracting this figure from the total of patients' days we get the number of free days.

Per Capita Costs and Receipts

Costs:	1938	1937
Per week, including special nurses, Public and Private Wards	$43.75	$44.20
Per week, not including special nurses, Public and Private Wards	40.98	41.04
Per day, including special nurses, Public and Private Wards	6.25	6.31
Per day, not including special nurses, Public and Private Wards	5.85	5.86
Of food all persons	.43	.46
Receipts per day:		
Including special nurses, Public Wards	2.98	3.01
Not including special nurses, Public Wards	2.89	2.92
Including special nurses, Private Ward	8.50	8.32
Not including special nurses, Private Ward	6.65	6.52
Including special nurses, Public and Private Wards	4.02	4.02
Not including special nurses, Public and Private Wards	3.60	3.65
On board only, Public Wards	2.21	2.23
On board only, Private Ward	5.14	4.99
On special fees, Public Wards, excluding board and special nurses	.68	.72
On special fees, Private Ward, excluding board and special nurses	1.51	1.53

Public Ward patients were admitted at the following rates: 3 at $35.00; 52 at $28.00; 25 at $24.50; 3742 at $24.00; 71 at $21.00; 6 at $20.00; 5 at $18.00; 46 at $15.00; 14 at $14.00; 259 at $12.00; 46 at $10.50; 633 at less than $10.50; 835 admitted free.

Private Ward patients were admitted at the following rates: 1083 at $28.00; 30 at $35.00; 2 at $42.00; 470 at $49.00; 9 at $63.00; 1 at $7.50 per day.

Condition of Public Ward Patients on Discharge

			1938	1937
Untreated			0	0
Against advice			18	15
Died			19	46
Otherwise discharged			5,713	5,603
Patients' days treatment:				
(Reckoned from discharge payments)	1938	1937		
Paying patients	41%	36%	17,808	15,390
Part paying patients	35%	42%	15,281	18,055
Free patients	24%	22%	10,658	9,435
Total			43,747	42,880

Beds:	Public	Private	Total
	189	42	231
Occupied 1938	63%	65%	
Occupied 1937	62%	71%	

OUT-PATIENT DEPARTMENT

	New Patients	Revisits	Total Visits
Eye	9,235	44,420	53,655
Ear	4,017	23,223	27,240
Nose and Throat	3,024	16,546	19,570
Total 1938	16,276	84,189	100,465
1937	18,180	83,223	101,403

	1938	1937
Daily average	333	336
Patients treated in Emergency Ward	3,132	2,765
Percentage of free visits reckoned from total number of free visits Massachusetts General Hospital and Massachusetts Eye and Ear Infirmary combined Out-Patient Department	39½%	30%

INVENTORIES

Store-Room Inventory:	Jan. 1, 1939	Jan. 1, 1938
General Administration	$ 1,494.82	$ 1,443.76
Housekeeping and Kitchen	2,319.45	1,979.32
Canned Goods, Groceries, etc.	511.90	2,118.20
Medical and Surgical	572.19	727.19
X-Ray Department	202.35	492.17
Maintenance Supplies	145.21	355.73
Optical Department Inventory	5,987.60	6,102.43
Total	$11,233.52	$13,218.80

REPORT OF THE WORK OF THE GARDNER BUILDING

January 1, 1938 to January 1, 1939

During the past year 317 patients were treated in the Gardner Building. Of these 137 were treated on the ear, nose and throat service, the greater number for acute infectious diseases. On the eye service 180 patients were treated.

Of the 180 eye patients 21 were treated for trachoma; 14 babies with gonorrheal ophthalmia neonatorum; 72 babies with non-gonorrheal ophthalmia neonatorum; 4 adults with gonorrheal conjunctivitis; 31 adults with non-gonorrheal conjunctivitis. Of the 86 babies, only one left the Infirmary with permanently impaired vision, and the cornea of that eye was already involved before the patient was admitted. Of the 35 adults, 3 left the Infirmary with corneal scars, and only one of these three had permanently impaired vision. The remaining 38 were treated for other infectious diseases of the eyes, eye-lids and adnexa.

Twenty-two patients were transferred to Gardner Building with erysipelas and other infectious diseases which manifested themselves in the general wards of the Infirmary.

REPORT OF THE NURSING DEPARTMENT

The year 1938 has been another year of a stable nursing staff. There have been but four resignations from a staff of forty-eight. One nurse resigned to be married after serving the Infirmary for six years, another to accept a position in the office of a member of the medical staff, and two to attend college and later to accept positions of responsibility in other institutions. Only those of us who were with the Infirmary twelve and fifteen years ago, when every fortnight brought its resignation, realize what this stability means to the administration and medical staffs, and to the care of the patients. This stability is especially necessary when the stay of affiliated students is only two months. The frequent changes in the affiliating group present many difficulties, but we cannot expect the home schools to send their students for a longer period. From this group come the candidates for the vacancies created by resignations. All four of the vacancies, previously referred to, were filled by former students who hold certificates from the Infirmary.

Early in the year the Quincy City Hospital Training School for Nurses, requested an affiliation with our nursing department. This pleased us, for Miss Potter, the superintendent of nurses there, was for the four years, from 1923 to 1927, the very efficient assistant in charge of the nursing department at the Infirmary. With this addition the number of affiliating schools is only four. We should like a larger number, but as the majority of hospitals provide at least a limited experience in this field of nursing for their students, it is obvious why so few schools affiliate with the Infirmary. Certificates have been given to 42 students from the Massachusetts General Hospital, 12 from the New England Deaconess Hospital, 13 from the Melrose Hospital, 4 from the Quincy City Hospital, and also 11 to post-graduate students. In the last group there was a student from an Indian Reservation in New Mexico, another from the University of Iowa, and a third from St. John's, Newfoundland. All these returned to work in their own localities.

There have been developments in the curriculum: increased emphasis on diet and X-ray therapy, post-operative care in ophthalmic nursing, and more use of such teaching equipment as the projectoscope, multiple ophthalmoscope, and muscle ophthalmotrope. The department has published a new circular of information.

Miss Scherer, instructor, and Miss Stewart, head nurse, have continued their academic education by attending Simmons College and Boston University. Four head nurses, three assistants, and one floor duty nurse, also have attended educational institutions in Boston. Miss Scherer contributed an article on the artificial larynx to the "Quarterly Record," the alumnae magazine of the Massachusetts General Hospital Training School for Nurses. The Bulletin of the Henry Street Nursing Association asked permission to reprint it.

Venetian blinds have come back to current use and we appreciate those which Mrs. Richard Curtis gave us for the Nursery, the river side of the second floor, and for the Training School Office.

During the year Miss Mary Brown, one of the older graduates of the Presbyterian Hospital in New York, came to the Infirmary to read to the patients. She is a welcome addition to that goodly number of good people who give a large amount of helpful volunteer service to the Infirmary.

Respectfully submitted,

SALLY JOHNSON, R.N.
Superintendent of Nurses.

REPORT OF THE MEDICAL SOCIAL SERVICE DEPARTMENT

Hospital social service departments today are faced with a dilemma and the Massachusetts Eye and Ear Infirmary is no exception. It concerns the right apportionment of time. There is always the constantly increasing medical follow-up work. There are also always cases like the following for which we wish we had more time:

Mrs. X, a widow, 57 years old, has cataracts complicated by diabetes. She cannot be operated on for cataracts until the diabetes is controlled. The doctor discovered she was not making satisfactory progress and he asked the social worker to visit her and if possible learn what was interfering with her medical care. The social worker found a strained situation in the home. Mrs. X was living with her son, his wife and their two children. The poor vision caused by the cataracts made it impossible for her to help any longer with the household or care of the grandchildren. Her son provided the running expenses but his income did not allow for the additional cost of the special diet and insulin. She explained to the social worker that she had given up her medical treatment because her whole problem seemed so hopeless. It was true that her daughter-in-law now looked upon Mrs. X as a liability, and was making no effort to assist her. The social worker was able to arrange for free insulin and a food allowance and she also aided in bringing about a better understanding between Mrs. X and her daughter-in-law. This was accomplished by talking out the problem from the point of view of the different persons concerned and particularly by explaining what improvement might be expected in Mrs. X's case if she could and would follow the doctor's recommendations. She still has a long road ahead of her but she and her family are working together to hasten the time when she will again have useful vision. This family adjustment, made possible through the social worker's understanding was essential to any medical and surgical treatment and help.

The intensive use of community resources is shown in the case of two little undernourished boys, aged 9 and 11. They were referred for placement in a sight conservation class because of vision of only 20/200, cause unknown, probably congenital. The family consists of the parents and nine minor children. The father earns a small income as a baker. The social worker's visit to the home discovered a third child with low vision, a girl of 7. Because the nearest class is several miles from where the family lives, the problem of car fare and inability to get home for lunch, as well as the mother's fears about sending the children on the street car, were obstacles to overcome. Through the cooperation of the sight saving teacher, the school nurse, and the Division of the Blind, all three children have been placed in a sight saving class. The other children are being watched. Transportation was arranged through the Department of Education. The expense of hot lunches at school was met temporarily through the Social Service Department funds. Later arrangements were completed for the Catholic Charitable Bureau to assume this responsibility. The sight saving class reports that the children are apt pupils and have improved in health.

These are illustrations of the type of social case work which we should like to offer to more patients. We see it as a service to be emphasized in the future. However, though the diagnoses on which the eye social workers have concentrated in the last years, interstitial keratitis, phlyctenular keratitis and ophthalmia neonatorum are to a great extent under control, thanks to improved health education and public health regulations, nevertheless the demands on our services are greater than ever. Only by curtailing some of the present service or by increasing the personnel, can the department care for the many Mrs. Xs where conservation of vision entails prolonged and thoughtful case work. The successful placement of the children in a sight conservation class involved cooperative relationship with several outside agencies, the school, the public health nurse, the Division of the Blind, the family agency. We work with social and health agencies throughout Massachusetts and the other New England

States and have always found them helpful and interested in working out better methods of cooperation.

Dr. Clarke's research work in the use of mecholyl and prostigmine to reduce tension, has provided stimulus to everyone working with glaucoma patients. There are interesting possibilities for study relating to the social and emotional factors in glaucoma. Both the medical and the social aspects of the problem, however, involve money. The glaucoma follow-up has grown in the last ten years from 200 patients in 1928 to 1156 this year. Not only because of the ever increasing numbers but because of the special scientific importance of glaucoma at this time, an assistant to our glaucoma worker is greatly needed.

Miss Leonore A. Murray, who has done so much to develop the Ear Social Service resigned on September 1st, after ten years service. We are fortunate in having so able a person as Mrs. Adair to succeed to this important work. The new worker, Miss Midelfart, a graduate of Simmons College School of Social Work, is placed on the Eye Service. Another loss keenly felt was the resignation of Mrs. Susan L. Casey, who was with the department for sixteen years as eye follow-up worker. Miss Margaret Jacob from Colorado General Hospital has succeeded her. A third change is the addition of a full time follow-up worker, Miss Ruth Baker, in the place of the half time worker on the Ear Service. Special mention should be made of Miss Grace Madden, who resigned after five years' service as volunteer assistant on the glaucoma service. She combined to an unusual degree, interest and freshness of point of view with a professional attitude of responsibility.

We appreciate greatly the interest and help of the Ladies' Visiting Committee. We were especially grateful for their assistance to two of our patients, one of whom was provided with telescopic lenses and the other with a hearing aid through their generosity.

The effect of the business recession is evident in the increased demands on the Social Service Department over last year for medical relief. Although patients are asked to pay a part of the cost whenever possible and have responded well, as witnessed by the sum of $1,086.91 paid back this year to the department in installments, nevertheless, the Social Service Department has spent more money for glasses than in any previous year.

Our medical relief has been made possible from three sources, namely the Permanent Charity Fund, the Community Federation Fund, and the Special Glasses Fund, donated by a generous friend of the Eye and Ear Infirmary. In addition to loans and gifts for glasses, the Permanent Charity Fund has also been used for other medical apparatus, convalescent care, transportation of patients and other benefits.

The statistical report is as follows:

Number of patients interviewed in regard to glasses		1,112
Number of glasses secured by patients through Social Service, including 33 artificial eyes		885
Cost of these glasses and eyes		$3,764.51
Social Service paid	$1,289.60	
Patients paid	1,086.91	
Community agencies, other hospitals and friends paid	411.45	
Community Federation Fund paid	976.55	
Number of patients who paid part or total cost of glasses in installments		420
Patients referred to Division of the Blind		215
Patients on active glaucoma follow-up list		1,156
Children with hearing loss reported to the schools		294
Children followed because of ear conditions		813
Adults with hearing loss reported to guilds for hard of hearing		196
Visits to homes and agencies in behalf of patients		970
Total number of patients for whom some Social Service was rendered		4,167

Respectfully submitted,

HELEN J. ALMY,
Director of Social Service.

REPORT OF THE DIETARY DEPARTMENT

During the year 1938, 5,255 special diets were served, making a daily average of 14+. 1,370 of these were diabetic and the remainder were divided among 33 different types. Dietary instructions and discharge diets were given when necessary.

On November 17, a Buffet Luncheon was served to 175 guests at the House Officers' Alumni Reunion.

The regular three weeks course of instruction for student Dietitians has been carried on as usual in conjunction with the Massachusetts General Hospital—17 students having been instructed during the year.

Two dietitians changed during the year 1938. Miss Eunice Cox resigned to become chief dietitian at the Mary Hitchcock Hospital, Hanover, New Hampshire, on October 26, 1938, after a service of five years. She was replaced by Miss Vera C. Marquis.

Miss Olive T. Homan, the part time dietitian, resigned in May after a service of one year, to become a full time dietitian at the Cambridge Hospital. She was replaced by Miss Isobel Cook.

Respectfully submitted,

Vera C. Marquis,
Dietitian.

REPORT OF THE OCCUPATIONAL THERAPY DEPARTMENT

Prior to this year the type of patient upon whom we have concentrated the greater part of our time has been the detached retina and other long-staying eye cases. This year it is of interest to note the increasing number of patients referred to the Occupational Therapy Department for voice exercises and practice in the use of the Artificial Larynx necessitated by the removal of the patient's own "voice box" or larynx. Through the thoughtful generosity of the Ladies' Visiting Committee the Artificial Larynx, an invention of the Bell Telephone Company, has been made more readily available to those in need of such an aid to speaking.

Previously the patient had to wait for other financial arrangements to be made. Obviously the chief benefaction of this new plan is that the patient becomes accustomed to the use of his new instrument while still in the hospital rather than having to learn it alone at home when the psychological adjustment is far greater. The very sound of his new-type voice issuing from the valve-like attachment he holds to his lips is bewildering; in addition to which the mastering of tonal gradations and inflections is another problem. In the Infirmary, the personnel and other patients are quite accustomed to the sound of the voice as produced by the Artificial Larynx, but the man on the street and in the home town is far from immune to showing a marked curiosity and interest in any device so new and strange to him. This makes the patient self-conscious, which reflects unfortunately on his vocalization. In fact, some patients have been known to entirely give up their instrument and to be reduced to signals and note writing as a means of communication. If a patient uses his new "voice-box" while still in the Infirmary he not only learns more readily but is prepared for life in his own community when he leaves, thus gaining in poise as well as the technique of articulation.

The time spent with these people is necessarily long in order to help establish in them the needed confidence and ability in using this wonderful invention, but it is becoming one of the most worthwhile activities of this department and most gratifying to send a patient home knowing that he is well adjusted and able to communicate with his fellow men by means of a fairly normal sounding voice, rather than only by the written word.

At one time this past Fall there were three laryngectomies in a row who took a certain pride in the competitive aspect of their progress. One of them who was Polish, had the added difficulty of having spoken very little English prior to his operation but amazingly enough he mastered the use of his instrument more quickly than the other two. Thus we are executing the third part of the triangular theme on which our program is based—namely, Eyes for the Blind, through Braille; Ears for the Deaf, through the sign language; and Voice for the Speechless through the Artificial Larynx.

We are most grateful to the volunteer services of Miss Helene Kazanjian who at Christmas time designed and executed the department card and made many of the trimmings for the Christmas trees on the wards. For the continued help and moral support of the Ladies' Visiting Committee we are eternally grateful. They are our bulwark and strength in time of stress, having provided the Infirmary with a substitute occupational therapist during vacation and initiating a small part-time stipend for an assistant in the Patients' Library for a period of six months to start in January.

A program of Bavarian music and singing was presented one afternoon in November. Miss Gay Mathews as "Heidi" sang and Mr. Paul Schwarz accompanied her with the accordion. This sort of costumed minstrelsy was most enthusiastically enjoyed by the patients who especially appreciated having the entertainers go right in to their bedside. In fact there were so many who asked when they were to come again that arrangements were made and a second program was presented just before Christmas when two more entertainers in costume and a portable organ were added to the original group. All agreed that this was one of the best of Christmas gifts.

Respectfully submitted,
Helen K. Wade, O.T. Reg.,
Occupational Therapist.

REPORT OF THE PATHOLOGICAL LABORATORY

The examination and diagnosis of specimens submitted has continued as the primary function of the laboratory. There was a slight increase in the average yearly number of specimens, due apparently to the increased number of small neoplasms of the eyelids and conjunctiva. Among the specimens received, twenty-two were malignant melanomata of the uvea, five retinoblastoma, one metastatic carcinoma of the iris, one meningioma, one infected trephine bleb with endophthalmitis, three epithelizations of the anterior chamber, one pseudotumor of the orbit, three instances of tuberculosis of the eye, and four instances of sympathetic uveitis. The usual routine clinico-pathological examinations were done.

The new arrangement for the three months preliminary externships for the ophthalmological house officers has added greatly to the instruction furnished through the laboratory. In addition to the usual study of the slide collection, the externs have furnished some worthwhile contributions to the laboratory. Dr. Seale designed and made a very effective transilluminator for use in the study of enucleated eyes suspected of containing uveal melanomatas. This transilluminator facilitates the location of the tumor, making it possible to plan the exact plane in which the eye should be opened to obtain most satisfactory gross study and microscopic sections. Dr. Albaugh made several clay models of various important stages in embryonic development. These models are a part of the laboratory museum. Drs. Seale, Cavanaugh, Albaugh and Foote have aided materially in editing and revising notes on histology, embryology and pathology of the eye for use by succeeding externs. It is evident already that the externship is beneficial to the house officers and to the laboratory. Class instruction in pathology of the eye for all of the house officers has been given as usual. A collection of slides of embryology of the eye has been started and a number of interesting specimens have been obtained.

Investigative work has continued. Through the efforts of Dr. Julian F. Chisholm, Jr., a volunteer in the department, a second follow-up on the group of patients with malignant melanomata reported in 1934 has been almost completed. Dr. Chisholm has continued his investigative problem on lymphatics of the orbit. He has also mastered the technique of making satisfactory molds of the anterior segment of the eye useful not only in fitting contact glasses but also in recording the extent of the deformity for contrast, other casts being made at subsequent times to determine evidence of further progress of the condition.

Dr. Terry has continued his work on epithelization of the anterior chamber, further study of melanomata of the choroid, and investigation of the elastic fiber content of the sclera. He has been able to produce epithelization of the anterior chamber experimentally.

THEODORE L. TERRY, M.D.,
Pathologist.

REPORT OF THE HOWE LABORATORY OF OPHTHALMOLOGY

Dr. Keeler has continued his study of the effect of certain carcinogenic hydro-carbons upon the eyes, employing pure-bred strains of mice. He has also continued, with assistance from the Bache and Milton Funds, the study of rabbit agglutinogens, and, in collaboration with Dr. Trimble, the study of the inheritance of high uric acid excretion in dogs. They have recently found that hereditary excessive excretion of uric acid tends to produce urinary calculi. A monograph by Dr. Keeler and Dr. Thomas Perry on the familial occurrence of appendicitis is now in press.

Dr. Keeler has prepared a paper, for discussion in the Symposium on Mental Health of the A. A. A. S. to be held in December, on Heredity and Mental Health. This is to be published in the Symposium report volume.

A booklet upon the employment of the hereditary blood group antigens for determining non-paternity in illegitimacy cases has been written by Dr. Keeler, for distribution to social welfare agencies such as the Society for the Prevention of Cruelty to Children. This evidence is widely used abroad and represents merely a beginning of the application of Medical Genetics to the field of Forensic Medicine. Genetics has much more to offer to this field.

The Voluntary Lecture Course in Heredity in Relation to Medicine was given by Dr. Keeler last spring as usual, with an average attendance of about ten. Three students carried out research work.

During September, October, November and December, as a Guggenheim Fellow, Dr. Keeler has been visiting the medico-genetic laboratories of Russia, Germany, Norway, Scotland and England. This is preparatory to writing a text for medical students upon the subject of medico-genetics.

Dr. King has continued his investigation of the tuberculin sensitivity in cases of chronic ocular disease, and the effects of tuberculin treatment in certain of these cases. He has prepared a paper on four cases of anterior uveitis associated with sarcoid elsewhere in the body, which were included in the group of above patients who did not react to tuberculin. He is endeavoring to ascertain if other cases of sarcoid may not have been present in this non-allergic group.

Dr. King is also making special laboratory investigations of patients with retinal and vitreous hemorrhages, in whom none of the heretofore known causes of hemorrhages could be found.

Under his direction, investigations on inclusion body conjunctivitis have been continued by Mr. Blake, and work has been started on cultural studies using the chick embryo technique.

Leptotriches have recently been cultured from the lesions in another case of Parinaud's conjunctivitis. These unusual organisms, discovered by Dr. Verhoeff in 1913 to be the cause of this disease, were first cultured in 1932 by him and Dr. King in this laboratory from the conjunctival lesions, and since then have been cultured in only one other laboratory.

Dr. Gundersen has completed his first group of experiments on auto-transplantation of pieces of cornea into the anterior chambers of animals, showing that corneal epithelium cannot live in aqueous alone when severed from its blood supply and tear supply. This work was reported before the last meeting of the American Ophthalmological Society. In another paper, read before the Ophthalmic Section of the American Medical Association, he completed an analysis of 36 cases in which pericorneal vascular obliteration was used for various types of keratitis associated with vascularization of the cornea. A complete survey of the literature was made, which dates back to 1743. This form of treatment was shown to be extremely valuable in certain types of chronic keratitis. His observations indicate that vascularization of the cornea is never beneficial.

With Dr. Franklyn Burger, Dr. Gundersen has performed a series of other experiments on transplantation of the cornea in an effort to study the source of nourishment of its various layers.

He has assisted Dr. Burger in the collection of a group of steroscopic photographs of representative and unusual external ocular diseases. These should prove of great value, particularly for teaching purposes. It is expected that they will be published when the collection is sufficiently complete.

Dr. Gundersen has enlisted the services of Dr. John Talbot and his group of chemists in a study of the chemical composition of tears in health and disease. Such a study has not previously been completely made, and it is hoped that it may be of considerable value.

Dr. Ludvigh and Mr. McCarthy have published an article summarizing the results of their investigation of the "Absorption of Visible Light by the Refractive Media of the Human Eye."

Dr. Ludvigh has published a note on the "Scotopic Luminosity Curve and the Absorption Spectrum of Visual Purple" and has discussed this relationship more fully in an article entitled "Determination and Significance of the Scotopic Retinal Visibility Curve." It is expected that five papers in all will be required to complete adequately the discussion of the absorption spectrum of the human ocular media and its significance. The remaining two papers are in the course of preparation.

At the request of the editor, Dr. Ludvigh has published two book reviews in the Archives of Ophthalmology.

Due to the death of Mr. Bryden of the Bryden Optical Company, the construction of the contour break apparatus has been delayed. The task of construction has been assigned elsewhere and it is hoped that experiments utilizing the apparatus will commence early in 1939. Meanwhile Dr. Ludvigh is investigating some problems in the intensity discrimination ability of the human eye.

Dr. Cogan spent the year abroad in various ophthalmologic clinics of Switzerland, Germany, and Holland. Most of the time was spent in Basel where, assisted by Frances C. Cogan, he carried out a problem assigned by Prof. Brückner of the Basel Clinic. The problem was as follows: a method was devised to obtain quantitative measurements of "color fatigue" or color adaptation in the peripheral field under various conditions of light adaptation, with various colors, with various sizes of test objects, with different degrees of excentricity, and with different intensities of light. As an adjunct to this problem a method was also devised by which measurements of apparent recovery from "color fatigue" could be obtained. The results are to appear shortly in *Ophthalmologica.*

Dr. Cogan also worked with Prof. Weve on ballistic tonometry with the intention of using Weve's instrument for this purpose, but the results were disappointing and are not to be published.

Dr. Messenger has continued gathering source material for a history of the literature of ophthalmology. It is hoped that the part dealing with the periodical literature may soon be written. It is expected that such a work will facilitate research on almost any ophthalmological problem.

Dr. Verhoeff and Dr. Rambo completed their experimental investigation of the effect of sulfanilamide upon the eye and upon intraocular infection. The results were published by Dr. Rambo in the American Journal of Ophthalmology. Dr. Verhoeff and Dr. King have completed their study of scleromalacia perforans and reported their results at the meeting of the American Medical Association in San Francisco.

Dr. Verhoeff has published the results of his study of anomalous projection and other visual phenomena associated with strabismus. During the past year he has discovered a number of hitherto unknown facts regarding binocular vision and has devised a new method and has constructed a new apparatus for measuring heterophoria. He has perfected an automatic trephine and devised and constructed a hand trephine which is believed to be far superior to any other previously employed. He has also perfected his forceps for intracapsular extraction of cataract, improved his needle holder, and devised several other instruments which promise to be of considerable clinical value.

The attendance in the Lucien Howe Library of Ophthalmology for the past year was 8,027. 85 bound periodicals, 49 books, and 29 pamphlets were added during the year, making a total of 1830 bound periodicals, 851 books and 2413 pamphlets in the library. The library now subscribes to 35 periodicals.

Frederick H. Verhoeff, M.D.,
Director.

REPORT OF THE DEPARTMENT OF OPHTHALMOLOGY

The routine clinical work of the Infirmary during 1938, in both outpatient clinics and house, has continued at approximately the same level as that of the preceding year. The sorting of new patients, the return by appointment of old patients, and the work accomplished in the vision and the perimetry rooms expedite the handling of outpatients.

In October, the direction of the perimetry room passed from Dr. Virgil G. Casten to Dr. Garrett L. Sullivan. During the seven years of his incumbency, Dr. Casten has served as an effective liaison link between the departments of neurology and ophthalmology, and he has striven to develop a neuro-ophthalmological conscience in members of the ophthalmic staff. Appreciation of his work is evidenced locally by our resident staff and graduate students, and nationally by his participation in the teaching sessions of the American Academy of Ophthalmology and Otolaryngology, and by his authorship of the chapter on Neuro-ophthalmology for Berens' textbook of Ophthalmology.

The optical shop continues to render an important service to patients through the provision of correcting lenses and frames at the lowest prices consistent with quality materials and workmanship. For patients unable to pay, optical aids are provided from special funds administered by the Department of Social Service. The resident staff receives practical instruction in the manufacture and fitting of eyeglasses.

Ophthalmic teaching at the Infirmary continues to multiply each year in quality and in extent, as shown in the tabulation below:

	Harvard students Fourth year elective in Ophthalmology	Harvard Postgraduate students in Ophthalmology
1933-4	3	6
1934-5	4	13
1935-6	5	19
1936-7	12	43
1937-8	20	57

The teaching of ophthalmology, participated in by the majority of the ophthalmic staff, relates to undergraduate required courses in ophthalmology for students from the Harvard and Tufts medical schools, to fourth year elective courses for students from the Harvard medical school and to post-graduate courses.

Undergraduate required courses in ophthalmology are given during the first, second and third years to classes which are approximately twice the size of classes of twenty years ago. Instruction includes exercises in the anatomy, histology and pathology of the eye, physiology and pharmacology of the eye, and clinical ophthalmology.

Undergraduate elective courses in ophthalmology are offered to members of the fourth year class who desire to acquire greater skill in ophthalmoscopy and a wider acquaintance with ophthalmic problems than that afforded in the required courses. Many of these men aim at careers in ophthalmology, neurology, neurosurgery or internal medicine.

Post-graduate instruction in ophthalmology at the Infirmary has during 1938 undergone a marked change in policy. Heretofore, the candidate's request constituted the chief pre-requisite for admission into a post-graduate class. Now and henceforth, all candidates who contemplate the practice of ophthalmology are required to complete satisfactorily, here or elsewhere at a recognized university, a ten weeks' course in the fundamental sciences relating to ophthalmology, before they may enter any of our post-graduate courses in clinical ophthalmology. Such a fundamental course was given for the first time at the Infirmary this fall to a class of ten men, and the course will be repeated each fall. Each July, the course for teachers of physiological optics draws outstanding men from progressive ophthalmic centers in the United States.

Plans have been completed to inaugurate weekly clinico-pathological staff meetings for presentation to the entire opthalmic staff the important and instructive clinical problems in ophthalmology gathered from the six eye clinics and from the house material.

J. Herbert Waite, M.D.,
Chief of Ophthalmology.

REPORT OF THE DEPARTMENT OF OTO-LARYNGOLOGY

There has been no change in the hospital routine either in the Out-Patient Department or in the House.

The material for the Wednesday Clinical meetings has been excellent, often striking, and the House Officers have done their part exceptionally well. The attendance still crowds the laboratory. The gift by Dr. G. H. Wright of fifty folding chairs for the laboratory is very welcome. As the chairs can be kept in another room when not in use, the central floor space of the laboratory is free. This takes away the crowded feeling which the laboratory has had up to now.

The loud speaker also helps out. Now even those standing in the back of the room can hear. The laboratory is a bit proud to be the first department of the hospital to possess this instrument. It was especially appreciated at the annual meeting of the Alumni of the Infirmary.

The Bronchoscopic Service has been rearranged. This was done in order to cooperate better with the Thoracic Service of the General Hospital. The Bronchoscopic Service is now under the leadership of Dr. Harold G. Tobey.

Dr. Lurie has made active use of the new animal operating room. Work such as he is carrying on puts the department in line with other research laboratories. His work on the waltzing guinea pig bids fair to settle a problem up to now unsolved.

Many new books have been added to the working library of the laboratory.

The hospital bulletin on colds, owing to the advertising given it by Dr. Faxon, resulted in request for some eight thousand copies.

The research work of the Department has been active. Dr. Slaughter is conducting animal experimentation on induced hyperparathyroidism, using dogs, rabbits, and guinea pigs. Dr. Cordray is inducing secondary anemia with possible fibrosis of the esophagus in rats by feeding them an iron free diet.

Dr. Blaisdell has continued his treatment of atrophic rhinitis with estrogenic hormones and a paper of his on this subject appeared in the Laryngoscope.

Naturally sulfanilamide therapy has been used extensively in streptococcal infections. Dr. Champ Lyons of the General Hospital has acted as consultant in directing the treatment of our cases. Our thanks are due to him for his enthusiasm and help. An important paper entitled the "Occurrence of Relapses of Streptococcal Infection After Sulfanilamide Therapy" has been jointly prepared by Dr. Lyons and Dr. Converse. It brings out a new and important point in the use of this drug. This paper will soon be in press.

Dr. Mosher was Chairman of the Committee of the American Academy of Ophthalmology and Oto-laryngology to report on the "Standardization of the Preparation of the Oto-laryngologist." The report of the Committee was amplified by Dr. Mosher in a short paper given in connection with the presentation of the report.

The members of the Staff continue to be in demand for papers before outside medical societies. For instance, Dr. Schall read a paper before the New Jersey State Medical Society on the "Diagnosis and Treatment of Malignant Disease of the Nose and Sinuses." Dr. Lurie read a paper before the Utica Academy of Medicine on "Deafness—Its Cause and Prevention." He also gave a report on the "Histological Findings in the Waltzing Guinea Pig" at the Annual Meeting of the American Academy of Ophthalmology and Oto-laryngology. This Society gives a grant to help defray the expenses of Dr. Lurie's experimental work.

Dr. Mosher in his Chairman's Address before the Annual Meeting of the American Otological Society, presented experimental evidence that quinine, salicylate of soda and mapharsen fed to pregnant guinea pigs can cause changes in the cochlea of the foetus. This settles a point which has long been controversial.

The annual Christmas art exhibit is larger this year than ever and the exhibits are of better quality, especially the photographs.

Successful cases of operation for osteomyelitis of the frontal bone continue to increase. One objection to the radical operation which is the routine at the hospital, is the resulting deformity. Dr. Kazanjian in his plastic repair of the operative wound has been able to correct this fully ninety per cent. From now on his results should be even better because he is filling in the bone defect with a massive bone graft from the inner surface of the tibia. Dr. Kazanjian's brilliant jaw and plastic cases continue to add lustre to the hospital.

Dr. Schall now has a series of 29 laryngectomies without an operative death. The Department is as proud of this as it is of Dr. Kazanjian's work.

Respectfully submitted,

Harris P. Mosher, M.D.,
Chief of Otology and Laryngology.

REPORT OF THE X-RAY DEPARTMENT

There has been an increase in the number of patients examined and more work done on the individual patients during the year.

New equipment has been installed in the radiographic rooms which consists of two new tube stands, three shock proof tubes and cables, which now eliminate the danger of contact with the high tension electricity. Although there has never been an accident in this Hospital from patients or personnel coming in contact with the exposed wires, there was this potential danger which the new equipment has overcome.

Tabulation of cases is as follows:—

Thymus	1,642	
Mastoids	1,326	
Sinuses	2,963	
Teeth	552	
Foreign Body eye	167	
Chest	514	
Esophagus	361	
Skull	126	
Nose	123	
Jaws	123	
Treatments	800	
Sella tursica	6	
Lipiodol	20	
Cervical spine	136	
Miscellaneous	39	
Petrous	61	
Optic canal	11	
Bronchoscopy	3	
Long bones	8	
Abdomen	59	
Number of examinations	9,040	
Number of patients	8,373	
Bouginage		
Number of examinations	660	
Number of patients	126	
Total number of examinations for year		9,700
Total number of patients for year		8,499

A. S. Macmillan, M.D.,
Roentgenologist.

SCIENTIFIC PAPERS PUBLISHED OR READ BY THE SURGICAL STAFF

JANUARY 1, 1938 TO JANUARY 1, 1939

"Lighting Standards." By Dr. Walter B. Lancaster. Prepared for the American Committee on Optics and Visual Physiology and published in the *American Journal of Ophthalmology,* December, 1937.

"How Accommodation Affects Refraction." By Dr. Walter B. Lancaster. George Washington Post-Graduate Course, April, 1938.

"Illumination Levels and Eye Comfort Conditions." By Dr. Walter B. Lancaster. Transactions of the Illuminating Engineering Society, December, 1938. Also printed in the *Sight Saving Review* of the National Society for the Prevention of Blindness, Inc.

"Aniseikonia, Revised to Date." By Dr. Walter B. Lancaster. San Francisco, June, 1938. Read before the Section on Ophthalmology of the A. M. A. Published in *The Archives of Ophthalmology,* July, 1938—Published in the Transactions of the Section of Ophthalmology of the A. M. A.

"Technique of Extraction of Intraocular Foreign Bodies." By Dr. Walter B. Lancaster. Published in the *American Journal of Surgery,* August, 1938.

"Astigmatic Dials, Subjective Tests and Other Refractive Problems." By Dr. Walter B. Lancaster. Rochester University Post-Graduate Course, August, 1938.

"American Board of Ophthalmology, History and Accomplishments." By Dr. Walter B. Lancaster. Rochester University, August, 1938.

"The Use of Eye Magnets." By Dr. Walter B. Lancaster. American Academy of Ophthalmology and Oto-Laryngology, Washington, October, 1938. Course #227.

"What can be done for Chronic Progressive Deafness? Surgery of the Nasopharynx in the Treatment of Chronic Progressive Deafness." By Dr. D. Harold Walker. Read before the Seventy-first Annual Meeting of the American Otological Society, Atlantic City, May 6, 1938.

"Does Animal Experimentation show Similar Changes in the Ear of Mother and Fetus after the Ingestion of Quinine by the Mother?" By Dr. Harris P. Mosher (Presidential Address), American Otological Society, St. Louis, June, 1938. Published in *The Laryngoscope.*

"The Necessary Education for the Specialist in Oto-Laryngology." By Dr. Harris P. Mosher. Given at the Teachers' Section of the Academy of Ophthalmology and Oto-Laryngology, Washington, October, 1938.

"Osteomyelitis of the Skull." By Dr. Harris P. Mosher. (In Press.) *American Journal of Gynecology and Surgery.*

"Deafness." By Dr. Charles T. Porter. A radio broadcast—Station WAAB, June 1, 1938. Sponsored by the State Department of Public Health and the Massachusetts Medical Society.

"Some Observations on the Present Status of Frontal Sinus Surgery." By Dr. Charles T. Porter. Read at the meeting of the Section on Oto-Laryngology of the College of Physicians at Philadelphia on November 16, 1938.

"Progress in Oto-Laryngology—Summaries of the Bibliographic Material Available in the Field of Oto-Laryngology." By Dr. Philip E. Meltzer, Dr. Moses H. Lurie and Dr. Werner Mueller.

"Cancer of the Upper Respiratory Tract." By Dr. LeRoy A. Schall. Read before the Worcester Ear, Nose and Throat Society, Worcester, Massachusetts, January 19, 1938.

"Tumors of the Temporal Bone." By Dr. LeRoy A. Schall. *Nelson's Loose Leaf Surgery*—in press.

"The Psychology of Laryngectomized Patients—Symposium on Laryngeal Cancer." By Dr. LeRoy A. Schall. Read before the American Laryngological, Rhinological and Otological Society, Atlantic City, N. J., April 28, 1938. Published in *The Archives of Oto-Laryngology,* October, 1938, Vol. 28, pages 581 to 584.

"The Diagnosis and Treatment of Cancer of the Nose and Nasal Sinuses." By Dr. LeRoy A. Schall. Read before the Medical Society of New Jersey, Atlantic City, New Jersey, May 19, 1938.

"Molar Root in Antrum—Twelve Years Duration." By Dr. V. H. Kazanjian. Published in *The Apollonian,* January, 1938.

"Large Odontoma of the Mandible with Impacted Lower Third Molar and Alveolar Abscess." By Dr. V. H. Kazanjian. Published in *The Apollonian,* April, 1938.

"Lateral Pressure Splint for the Nose." By Dr. V. H. Kazanjian. Published in *The Archives of Oto-Laryngology,* April, 1938, Vol. 27, pp. 474 and 475.

"Ankylosis of the Temporomandibular Joint." By Dr. V. H. Kazanjian. Published in *Surgery, Gynecology and Obstetrics,* September, 1938, Vol. 67, pp. 333-348.

"Fractures of the Facial Bones." By Dr. V. H. Kazanjian. Reprinted from 'Management of Fractures and Dislocations' by the Staff of the Fracture Service, Massachusetts General Hospital, Boston. Under the General Editorship of Dr. Philip Wilson. Copyright, 1938, by J. B. Lippincott Company, Philadelphia.

"Fractures of the Facial Bones including Nasal, Malar and Mandibular Bones." By Dr. V. H. Kazanjian, and Kurt H. Thoma, D.M.D. Reprinted from 'The Treatment of Fractures' by Charles Locke Scudder, Eleventh Edition, Revised 1938. W. B. Saunders Company, Philadelphia.

"Present Status of Orthoptic Training." By Dr. Edwin B. Dunphy. Read before the New England Ophthalmological Society, January 18, 1938.

"Nutritional Disorders of the Eyes." By Dr. Benjamin Sachs. Published in the *Outlook for the Blind,* October, 1938.

"Series of Articles on Common Eye Diseases." By Dr. Benjamin Sachs. Published in *The Home Teacher* (in Braille).

"Inferior Iridotomy in Operations for Cataract on Eyes with Posterior Synechiae or Pupillary Membrane." By Dr. Paul A. Chandler. *Archives of Ophthalmology,* October, 1938, Vol. 20, pp. 641-644.

"A Modified Corneal Clamp to Facilitate the Insertion of Stitches." By Dr. Theodore L. Terry. *Archives of Ophthalmology,* Vol. 20, July, 1938.

"Panel Discussion. Sinusitis from X-Ray Standpoint." By Dr. A. S. Macmillan. The American Academy of Oto-Laryngology and Ophthalmology, Washington, D. C., October 12, 1938.

"Sinus and Mastoid Pathology as Shown by X-Ray." By Dr. A. S. Macmillan. Post Graduate course. The American Academy of Otolaryngology and Ophthalmology, Washington, D. C., October, 1938.

"X-Ray in Chronic Mastoiditis." By Dr. A. S. Macmillan. The New England Roentgen Ray Society, December, 1938.

"An Analysis of Seventy-five Cases of Bronchiectasis from the Viewpoint of Sinus Infection." By Dr. Robert L. Goodale. Read before the meeting of the American Laryngological Association at Atlantic City, May, 1938.

"Deafness—Its Causes and Prevention." By Dr. M. H. Lurie. Lecture at the Utica Medical Society, Utica, June, 1938.

"Study of the Pure Cochleas Microphonics in the Cat." By Drs. A. F. Rawdon Smith, J. E. Hawkins, Jr., M. H. Lurie. Lecture at the American Accoustical Society at Cambridge, Massachusetts, November 18, 1938.

"Report on Waltzing Guinea Pig." By Dr. M. H. Lurie. Lecture at the American Academy of Ophthalmology and Oto-Laryngology, Washington, D. C., October 10, 1938.

"Lecture on Neuro-ophthalmology." By Dr. Virgil G. Casten. Presented at the American Academy of Ophthalmology and Oto-Laryngology, October, 1938, at Washington, D. C.

"Results of Autotransplantation of Cornea into Anterior Chamber: Their Significance Regarding Corneal Nutrition." By Dr. Trygve Gundersen. *Archives of Ophthalmology,* October, 1938, pp. 645-650.

"Streptococcic Meningitis." By Dr. Samuel Cline. Published in the *Medical Record* —April 30, 1938.

"Treatment of Facial Paralysis." By Dr. Samuel Cline. Read at the twenty-fifth anniversary of the Peter Bent Brigham Hospital, May 6, 1938.

"A Review of Three Hundred and Three Cases of Cholesteatoma." By Dr. Edgar M. Holmes. Published in the *Annals of Otology, Rhinology and Laryngology,* March, 1938.

"The Nasal Airways." By Dr. John R. Richardson. Published in *The Rhode Island Medical Journal,* Vol. XXI, No. 10, pp. 149-153, October, 1938.

"Estrogenic Hormones in Atrophic Rhinitis." By Dr. I. H. Blaisdell. *The Laryngoscope,* St. Louis, October, 1938.

"The Occurrence of Relapses of Streptococcal Infection after Sulfanilamide Therapy." By Dr. J. M. Converse. In press.

Staff of the Howe Laboratory of Ophthalmology

"Anomalous Projection and Other Visual Phenomena Associated with Strabismus." By Dr. F. H. Verhoeff. *Archives of Ophthalmology,* 19:663, 1938.

"Scleromalacia Perforans. Report of a Case in Which the Eye was Examined Microscopically." By Dr. F. H. Verhoeff and Dr. M. J. King. *Archives of Ophthalmology* 20 (6): 1013, 1938.

"The Inheritance of Dew Claws in the Dog." By Dr. C. E. Keeler and Dr. H. C. Trimble. *The Journal of Heredity,* 29:145, 1938.

"The Inheritance of 'High Uric Acid Excretion' in Dogs." By Dr. C. E. Keeler and Dr. H. C. Trimble. *The Journal of Heredity,* 29:281, 1938.

"Results of Autotransplantation of Cornea into Anterior Chamber. Their Significance Regarding Corneal Nutrition." By Dr. Trygve Gundersen. *Archives of Ophthalmology,* 20:645, 1938.

"Vascular Obliteration for Various Types of Keratitis. Its Significance Regarding Nutrition of Corneal Epithelium." By Dr. Trygve Gundersen. In press (*Archives of Ophthalmology.*)

"Introduction to Physiological Optics." Book by James P. C. Southall, reviewed by Dr. E. J. Ludvigh. *Archives of Ophthalmology,* 19:316, 1938.

"Scotopic Luminosity Curve and the Absorption Spectrum of Visual Purple." By Dr. E. J. Ludvigh. *Nature,* 141:1141, 1938.

"Absorption of Visible Light by the Refractive Media of the Human Eye." By Dr. E. J. Ludvigh and Mr. E. F. McCarthy. *Archives of Ophthalmology,* 20:37, 1938.

"Determination and Significance of the Scotopic Retinal Visibility Curve." By Dr. E. J. Ludvigh. *Archives of Ophthalmology,* 20:713, 1938.

"An Introduction to the Mathematics of Ophthalmic Optics." Book by Paul Boeder, reviewed by Dr. E. J. Ludvigh. *Archives of Ophthalmology,* 20:982, 1938.

"The Effects of Sulfanilamide as Determined in the Eyes of Rabbits." By Dr. V. C. Rambo. *American Journal of Ophthalmology,* 21 (7):739, 1938.

TABLE OF DISEASES
COMPILED FROM RECORDS

January 1, 1938 to January 1, 1939

	House	Out-Patient
SECTION I		
Specific Infectious Diseases. General Diseases	160	42
SECTION III		
Diseases of Metabolism and Deficiency	45	11
SECTION IV		
Diseases Peculiar to Infancy	87	16
SECTION V		
Diseases due to Physical Agents	7	2
SECTION VI		
Poisonings, Intoxications	1	1
SECTION VII		
Tumors, Benign and Malignant	383	230
SECTION VIII		
Congenital Malformations	79	
SECTION IX		
Injuries	77	17
SECTION X		
Diseases of the Skin	31	45
SECTION XI		
Diseases of the Circulatory System	17	10
SECTION XII		
Diseases of the Lymphatic System	16	2
SECTION XIII		
Diseases of the Blood-Forming Organs	2	
SECTION XIV		
Diseases of the Endocrine Glands		1
SECTION XV		
Diseases of the Nervous System	63	6
SECTION XVI		
Diseases of the Bones, Joints, Muscles, Tendons and Fascia	22	3

SECTION XVII	House	Out-Patient
Diseases and Injuries of the Eye and Ear		
Diseases of the Eye	3,226	9,627
A. General	457	6,754
B. Lids	82	234
C. Lacrimal Apparatus	71	79
D. Conjunctiva	69	506
E. Cornea	292	1,108
F. Anterior Chamber	28	11
G. Sclera	7	18
H. Lens	1,050	379
J. Uveal Tract	53	25
1. Iris	221	101
2. Ciliary Body	17	9
3. Choroid	29	35
K. Retina	160	73
L. Vitreous	15	20
M. Optic Nerve	25	34
N. Eyeball	186	56
O. Orbit	42	
P. Disturbance of Motion	422	185
Diseases of the Ear	516	955
Q. General	2	15
R. Auricle	28	1
S. External Auditory Canal	12	241
T. Eustachian Tube	1	3
V. Middle Ear and Mastoid	466	660
W. Internal Ear	7	35
SECTION XVIII		
Diseases of the Nose and Accessory Sinuses	890	124
SECTION XIX		
Diseases of the Mouth, Lips, Cheeks, Pharynx, Tonsils and Palate	2,549	106
SECTION XX		
Diseases of Jaw, Teeth and Gums	20	3
SECTION XXI		
Diseases of the Tongue	2	
SECTION XXII		
Diseases of the Esophagus	93	1
SECTION XXIII		
Diseases of Stomach	1	1

	House	Out-Patient
SECTION XXIV		
Diseases of Intestines	1	
SECTION XXVIII		
Diseases of the Rectum and Anus	1	
SECTION XXIX		
Diseases of the Larynx	33	8
SECTION XXX		
Diseases of the Trachea and Bronchi	24	
SECTION XXXI		
Diseases of the Lungs	6	
SECTION XXXIII		
Diseases of the Kidney and Ureter	2	
SECTION XXXV		
Diseases of the Urethra, Male and Female	1	
SECTION XXXVI		
Diseases of the Male Generative Organs	1	
SECTION XL		
Anaphylaxis	11	7
SECTION XLII		
Ill-Defined or Unclassified Diseases	66	154
Totals	8,433	11,372

LIST OF GRADUATE HOUSE OFFICERS OF THE MASSACHUSETTS EYE AND EAR INFIRMARY

Alexander, Seeyman L., *Aural,* 1919.
151 Bloor Street, W., Toronto, Ontario, Canada.
Allen, John H., *Aural,* 1904. 32 Deering Street, Portland, Maine.
Allman, Charles H., *Oto-Laryngological,* 1930.
520 Commonwealth Ave., Boston, Mass.
Amadon, A. M., *Aural,* 1897-98. (Deceased.)
Amberg, Emil, *Aural,* 1897. 662 Macabees Building, Detroit, Michigan.
Anthony, Alan R., *Ophthalmic,* 1936.
1738 Angus Drive, Vancouver, British Columbia.
Anthony, Marc, *Ophthalmic,* 1929. Westminster Apts., Spokane, Washington.
Aylesworth, Frederick A., *Ophthalmic,* 1916.
Suite 1001, Medical Arts Building, Toronto, Ontario, Canada.
Bair, Hugo L., *Ophthalmic,* 1932. Mayo Clinic, Rochester, Minnesota.
Barss, Richard, *Ophthalmic,* 1877.
Bassen, Edward J., *Ophthalmic,* 1928.
654 Madison Ave., New York City, N. Y.
Baur, Frederick E., *Aural,* 1902. 43 Grande Ave., Milwaukee, Wisconsin.
Beetham, William P., *Ophthalmic,* 1929. 5 Bay State Road, Boston, Mass.
Berry, Gordon, *Aural,* 1910. 36 Pleasant Street, Worcester, Mass.
Bigelow, F. Nolton, *Aural,* 1910. (Deceased.)
Birdsall, Clarence H., *Ophthalmic,* 1918. 26 Summer Street, Haverhill, Mass.
Bogan, Frederick L., *Aural,* 1908. 464 Commonwealth Avenue, Boston, Mass.
Boies, Lawrence R., *Oto-Laryngological,* 1931.
1937 Medical Arts Building, Minneapolis, Minnesota.
Bradford, Henry W., *Ophthalmic,* 1877. (Deceased.)
Brawner, Leon E., *Oto-Laryngological,* 1925.
384 Peachtree Street, 701 Medical Arts Building, Atlanta, Georgia.
Bridgewood, David, *Ophthalmic,* 1926. (Deceased.)
Briggs, Wallace R., *Ophthalmic,* 1920. 229 M Street, Sacramento, California.
Brown, Lester A., Jr., *Oto-Laryngological,* 1937.
478 Peachtree Street, Suite 815, Atlanta, Georgia.
Burke, J. Robert, *Ophthalmic,* 1918. *Aural,* 1919. 207 Elm Street, Holyoke, Mass.
Cahill, Harry P., *Aural,* 1914. (Deceased.)
Cameron, Walter C., *Ophthalmic,* 1930.
1103 Rhodes Building, Tacoma, Washington.
Canfield, R. Bishop, *Aural,* 1901. (Deceased.)
Capeles, Thomas R., *Ophthalmic, Aural,* 1915-1916.
191 Merrimac Street, Haverhill, Mass.
Carleton, Ralph, *Ophthalmic,* 1896. 10 Temple Street, Springfield, Mass.
Caron, Armand, L., *Oto-Laryngological,* 1927.
390 Main Street, Worcester, Mass.
Carroll, Frank D., *Ophthalmic,* 1935.
Eye Institute, 635 W. 165th Street, New York, N. Y.
Carroll, Henry G., *Ophthalmic,* 1911. 270 Commonwealth Ave., Boston, Mass.
Carter, Leland F., *Ophthalmic,* 1926. 4061 Pasadena Ave., Detroit, Michigan.
Case, Paul H., *Ophthalmic,* 1938. 822 Professional Building, Phoenix, Arizona.
Casten, Virgil G., *Ophthalmic,* 1931. 520 Commonwealth Ave., Boston, Mass.
Cave, Linus S., *Oto-Laryngological,* 1927. Physicians' Building, Syracuse, N. Y.
Chamberlain, Allen H., *Ophthalmic,* 1889. (Deceased.)
Chandler, H. Beckles, *Ophthalmic,* 1880. (Deceased.)
Chandler, H. Beckles, Jr., *Ophthalmic,* 1912. 34½ Beacon Street, Boston, Mass.
Chandler, Paul A., *Ophthalmic,* 1925. 5 Bay State Road, Boston, Mass.

Cheney, Frederick E., *Ophthalmic,* 1888. (Deceased.)
Cheney, Robert C., *Ophthalmic,* 1921. 6 Commonwealth Ave., Boston, Mass.
Clap, Edmund W., *Ophthalmic,* 1899. 390 Commonwealth Ave., Boston, Mass.
Clarke, Jonas, *Ophthalmic,* 1877.
Cogan, David G., *Ophthalmic,* 1935.
Converse, John M., *Oto-Laryngological,* 1938.
121 East 60th Street, New York City, New York.
Cooper, Kemp G., *Oto-Laryngological,* 1930. 1516 Cook Street, Denver, Colorado.
Coughlan, John N., *Aural,* 1900. (Deceased.)
Coyle, John A., *Ophthalmic,* 1931. Wilder, Vermont.
Crewson, Arthur L., *Oto-Laryngological,* 1927.
120 Sydney Street, Cornwall, Ontario, Canada.
Crockett, Eugene A., *Aural,* 1892. (Deceased.)
Davidson, Herman P., *Ophthalmic,* 1920.
Suite 1424, 30 North Michigan Ave., Chicago, Illinois.
Davis, Frederick A., *Ophthalmic,* 1892. (Deceased.)
Day, Charles Orrin, *Aural,* 1922. (Deceased.)
Day, Kenneth, *Oto-Laryngological,* 1924.
121 University Place, Pittsburgh, Pennsylvania.
Dean, Abbott W., *Ophthalmic,* 1929. 424 Oakland Ave., Council Bluffs, Iowa.
Donahue, Hugh C., *Ophthalmic,* 1931. 520 Commonwealth Ave., Boston, Mass.
Dowling, Joseph L., *Ophthalmic,* 1918.
57 Jackson Street, Providence, Rhode Island.
Drury, Dana W., *Aural,* 1906. 483 Beacon Street, Boston, Mass.
Dunphy, Edwin B., *Ophthalmic,* 1923. 101 Bay State Road, Boston, Mass.
Easton, Elwood T., *Ophthalmic,* 1900. 209 Newbury Street, Boston, Mass.
Easton, Mahlon T., *Ophthalmic,* 1936. 209 Newbury Street, Boston, Mass.
Ellis, Edward K., *Ophthalmic,* 1905. 412 Beacon Street, Boston, Mass.
Ernlund, Carl H., *Oto-Larnygological,* 1927. 5 Bay State Road, Boston, Mass.
Evans, Maurice G., *Oto-Laryngological,* 1928.
416 Marlborough Street, Boston, Mass.
Evans, William H., *Ophthalmic,* 1924.
510-517 Dollar Bank Building, Youngstown, Ohio.
Farrell, James I., *Ophthalmic,* 1932. Kempf Building, Utica, New York.
Faunce, Calvin B., *Aural,* 1907. 412 Beacon Street, Boston, Mass.
Finck, Harry P., *Aural,* 1919. (Deceased.)
Fisher, Carl, *Ophthalmic,* 1907. 1930 Wilshire Boulevard, Los Angeles, California.
Fisher, Stanwood E., *Aural,* 1909. 122 State Street, Portland, Maine.
Frackelton, Ralph J., *Oto-Laryngological,* 1933.
15701 Detroit Ave., Lakewood, Ohio.
Franklin, C. Ray, *Ophthalmic,* 1931.
168th Street and Broadway, New York City, New York.
Frazee, John R., *Oto-Laryngological,* 1934. 311 Beacon Street, Boston, Mass.
Fred, Gus Bernard, *Oto-Laryngological,* 1925.
475 Commonwealth Ave., Boston, Mass.
Frisch, Frederick, *Ophthalmic,* 1908. (Deceased.)
Fultz, William E., *Ophthalmic,* 1927. 45 Kaye Street, Halifax, Nova Scotia.
Gabriels, Joseph A. C., *Ophthalmic,* 1921. 435 State Street, Albany, New York.
Gallagher, John H. C., *Aural,* 1920. 107 Centre Street, Chicopee, Mass.
Gaudreau, Honoré E., *Ophthalmic,* 1930. 293 Bridge Street, Springfield, Mass.
Gaus, Louis, *Ophthalmic,* 1921. Ticonderoga, New York.
Germain, Harry H., *Ophthalmic,* 1899. 475 Commonwealth Ave., Boston, Mass.
Gibson, Arthur C., *Aural,* 1921. 516 Sutter Street, San Francisco, California.
Gifford, Harold, Jr., *Ophthalmic,* 1934.
1620 Medical Arts Building, Omaha, Nebraska.
Gilbert, John J., *Ophthalmic,* 1917. *Aural,* 1920.
221 Thayer Street, Providence, Rhode Island.

Gillespie, Elmer H., *Oto-Laryngological,* 1932. 101 Bay State Road, Boston, Mass.
Goldman, A. Milton, *Ophthalmic,* 1924.
121 E. 60th Street, New York City, N. Y.
Goodale, Robert L., *Oto-Laryngological,* 1926. 258 Beacon Street, Boston, Mass.
Goodall, Edwin B., *Ophthalmic,* 1918. 101 Bay State Road, Boston, Mass.
Goodell, William, *Aural,* 1906. 121 Chestnut Street, Springfield, Mass.
Goray, J. P., *Ophthalmic,* 1897. Day Street, Fitchburg, Mass.
Gray, Gerald H., *Oto-Laryngological,* 1929.
420 Mountain Ave., Piedmont, California.
Grossman, Herman P., *Ophthalmic,* 1934.
224 Thayer Street, Providence, Rhode Island.
Gundersen Trygve, *Ophthalmic,* 1930. 5 Bay State Road, Boston, Mass.
Hacking, Raymond F., *Ophthalmic,* 1927.
105 Waterman Street, Providence, Rhode Island.
Halliday, Armond A., *Aural,* 1919. (Deceased.)
Hammond, Philip, *Aural,* 1894. (Deceased.)
Happ, Linley C., *Oto-Laryngological,* 1931.
124 Waterman Street, Providence, Rhode Island.
Haskell, Henry H., *Ophthalmic,* 1893. 5 Vista Ave., Auburndale, Mass.
Hawkins, Henry, *Ophthalmic,* 1909. 394 Marlborough Street, Boston, Mass.
Heffernan, David A., *Ophthalmic,* 1904.
270 Commonwealth Ave., Boston, Mass.
Heine, Lyman H., *Oto-Laryngological,* 1937. Freemont, Nebraska.
Hennessey, William W., *Aural,* 1908. 33 Essex Street, Salem, Mass.
Hill, Frederick T., *Aural,* 1916. 111 Main Street, Waterville, Maine.
Hobart, Carl, *Ophthalmic,* 1922. 518 Metropolitan Building, St. Louis, Missouri.
Hollabaugh, Charles F., *Ophthalmic,* 1932.
Doctors' Building, Nashville, Tennessee.
Holmes, Edgar M., *Oto-Laryngological,* 1934.
520 Commonwealth Ave., Boston, Mass.
Hoople, Gordon D., *Oto-Laryngological,* 1926.
The Medical Arts Building, Syracuse, New York.
Houston, G. Gilbert, *Oto-Laryngological,* 1938.
10 West Street, Charlottetown, P. E. I., Canada.
Hubbard, Rufus P., *Ophthalmic,* 1879.
444 East 57th Street, New York City, New York.
Hurley, Edward D., *Ophthalmic,* 1907. (Deceased.)
Hussey, Edward J., *Ophthalmic,* 1906. (Deceased.)
Ireland, Percy E., *Oto-Laryngological,* 1935.
170 St. George Street, Toronto, Ontario, Canada.
Irgens, Edwin R., *Oto-Laryngological,* 1936. Waterville, Maine.
Irvine, S. Rodman, *Ophthalmic,* 1935.
700 Roosevelt Building, Los Angeles, California.
Jack, Edwin E., *Ophthalmic,* 1888. 215 Beacon Street, Boston, Mass.
Jackle, Arthur F., *Ophthalmic,* 1913. (Deceased.)
Jennings, John G., *Ophthalmic,* 1917. 82 Commonwealth Ave., Boston, Mass.
Johnson, Charles I., *Oto-Laryngological,* 1929.
270 Commonwealth Ave., Boston, Mass.
Johnson, Lorand V., *Ophthalmic,* 1937. University Hospitals, Cleveland, Ohio.
Jones, Edward Earl, *Oto-Laryngological,* 1928. 141 W. Elm Street, Brockton, Mass.
Judd, Delbert K., *Oto-Laryngological,* 1934.
1020 Medical Arts Building, Omaha, Nebraska.
Kearny, Richard A., *Aural,* 1921. 2311 Connecticut Ave., Washington, D. C.
Kendall, M. Ray, *Aural,* 1917. (Deceased.)

Kennedy, Michael Francis, *Ophthalmic,* 1927.
1835 I Street N. W., Washington, D. C.
Kerst, J. Arthur, *Ophthalmic,* 1934.
Leland Office Building, East Capitol Avenue, Springfield, Illinois.
Kilburn, Henry W., *Aural,* 1885. (Deceased.)
King, Merrill J., *Ophthalmic,* 1932. 82 Commonwealth Ave., Boston, Mass.
Langworthy, Henry G., *Aural,* 1907. 10th and Bluff Streets, Dubuque, Iowa.
Leahey, Brendan D., *Ophthalmic,* 1933. 9 Central Street, Lowell, Mass.
LeCompte, Walter A., *Aural,* 1901. (Deceased.)
Lemoine, Albert E., *Ophthalmic,* 1923.
1119 Rialto Building, Kansas City, Missouri.
Lentine, Joseph, *Oto-Laryngological,* 1936.
395 Commonwealth Ave., Boston, Mass.
Levitt, Jesse M., *Ophthalmic,* 1933. 734 Ocean Ave., Brooklyn, New York.
Liebman, William, *Ophthalmic,* 1911. 311 Commonwealth Ave., Boston, Mass.
Lodge, Edmund A., *Oto-Laryngological,* 1924. Mountain Home, Tennessee.
Loring, Robert G., *Ophthalmic,* 1900. 140 Beacon Street, Boston, Mass.
Lothrop, Oliver A., *Aural,* 1911. 101 Beacon Street, Boston, Mass.
Lougee, John L., *Aural,* 1909. 475 Beacon Street, Boston, Mass.
Lovesey, Burton E., *Oto-Laryngological,* 1935. 76 Bay State Road, Boston, Mass.
Lowell, W. Holbrook, *Ophthalmic,* 1902. 82 Commonwealth Ave., Boston, Mass.
Lynch, Mercer G., *Oto-Laryngological,* 1936.
1567 Exposition Boulevard, New Orleans, Louisiana.
MacDonald, Alexander E., *Ophthalmic,* 1923.
151 Bloor Street, West, Toronto, Ontario, Canada.
Macdonald, Donald H., *Oto-Laryngological,* 1930.
270 Commonwealth Avenue, Boston, Mass.
MacKechnie, William G., *Aural,* 1918. Port of Spain, Trinidad, British West Indies.
Mackenzie, Roland C., *Ophthalmic,* 1911. 51 Moody Street, Waltham, Mass.
MacMillan, A. L., Jr., *Aural,* 1912.
46 Pleasant Street, Concord, New Hampshire.
Macnie, John P., *Ophthalmic,* 1929.
635 W. 165th Street, New York City, New York.
Mansur, Leon Wallace, *Ophthalmic,* 1898. Retired. Valley Center, California.
Martin, S. Forrest, *Ophthalmic,* 1938. 101 Bay State Road, Boston, Mass.
McAuley, Albert G., *Ophthalmic,* 1915.
1301 Dorchester Street, West, Montreal, Quebec, Canada.
McCabe, Frank J., *Ophthalmic,* 1916. 204 Angell Street, Providence, Rhode Island.
McClintock, Walter L., *Oto-Laryngological,* 1938.
1245 Hancock Street, Quincy, Mass.
McCusker, John J., *Ophthalmic,* 1897.
382 Broad Street, Providence, Rhode Island.
McDonald, Samuel J., *Ophthalmic,* 1902. 308 Commonwealth Ave., Boston, Mass.
McGuigan, G. Edmund, *Ophthalmic,* 1924.
116 West Market Street, York, Pennsylvania.
McIntire, Frederic J., *Ophthalmic,* 1910. 63 North Common Street, Lynn, Mass.
McKelvey, Alexander D., *Aural,* 1911. (Deceased.)
McLaughlin, William C., *Aural,* 1908. (Deceased.)
McLeod, Angus M., *Oto-Laryngological,* 1932.
Medical Arts Building, Toronto, Ontario, Canada.
McLeod, John, *Ophthalmic,* 1930. 900 Argyle Building, Kansas City, Missouri.
Meek, Raymond E., *Ophthalmic,* 1926.
729 Park Avenue, New York City, New York.
Meltzer, Philip E., *Aural,* 1919. 20 Charlesgate West, Boston, Mass.
Merritt, Robert E., *Ophthalmic,* 1920. Retired. Valley Center, California.
Mertins, Paul S., *Oto-Laryngological,* 1936.
17 Galen Street, Montgomery, Alabama.

Messenger, Harry K., *Ophthalmic,* 1934.
313 Commonwealth Avenue, Boston, Mass.
Meyer, Monto F., *Ophthalmic,* 1919.
904 Canal Bank Building, New Orleans, Louisiana.
Miles, Nathan E., *Ophthalmic,* 1937. Molton Hotel, Birmingham, Alabama.
Moore, Donald E., *Ophthalmic,* 1937.
403 Medical Arts Building, Syracuse, New York.
Moore, Fontaine B., *Aural,* 1914.
Morse, Almon G., *Ophthalmic,* 1893. Sunmount, New York.
Motley, Frederic E., *Oto-Laryngological,* 1925.
Charlotte Eye, Ear, Nose & Throat Hospital, Charlotte, North Carolina.
Mueller, Werner, *Oto-Laryngological,* 1933. 412 Beacon Street, Boston, Mass.
Murphy, Edward M., *Ophthalmic,* 1915. 175 Central Street, Lowell, Mass.
Murphy, William E., *Oto-Laryngological,* 1933. Slater Building, Worcester, Mass.
Myers, Roscoe W., *Ophthalmic,* 1927. 36 Pleasant Street, Worcester, Mass.
Myers, Stanley A., *Oto-Laryngological,* 1937.
810 Dollar Bank Building, Youngstown, Ohio.
Nicholson, Harry M., *Aural,* 1913.
101 James Street South, Hamilton, Ontario, Canada.
O'Connor, Michael J., *Aural,* 1923. 532 Broad Street, Providence, Rhode Island.
Olds, Bomar A., *Oto-Laryngological,* 1929.
Suite No. 307, Medical Arts Building, Atlanta, Georgia.
O'Neil, Robert C., *Oto-Laryngological,* 1928. (Deceased.)
Parker, Harry C., *Ophthalmic,* 1902.
Pollock, Frederic J., *Oto-Laryngological,* 1935.
Suite 403 Curtis Building, 622 Diversay Parkway, Chicago, Illinois.
Porter, Charles T., *Aural,* 1914. 520 Commonwealth Ave., Boston, Mass.
Powers, George H., *Aural,* 1904. 311 Beacon Street, Boston, Mass.
Price, F. Raymond, *Ophthalmic,* 1936. 1 Bee Street, Charleston, South Carolina.
Proctor, Francis I., *Ophthalmic,* 1891. (Deceased.)
Provost, Adolphe J., *Oto-Laryngological,* 1927.
1061 Elm Street, Manchester, New Hampshire.
Prudhon, Charles A., *Oto-Laryngological,* 1930.
168 Sterling Street, Watertown, New York.
Quackenboss, Alexander, *Ophthalmic,* 1893. (Deceased.)
Quevedo, A. Arturo, *Ophthalmic,* 1933.
9a Ave. Sur No. 50, Guatemala City, Gautemala, Central America.
Quincy, Josiah E., *Oto-Laryngological,* 1926.
270 Commonwealth Ave., Boston, Mass.
Raynes, Alphonse F., *Ophthalmic,* 1923.
209 Miller Ave., Portsmouth, New Hampshire.
Reaves, Robert G., *Aural,* 1918. 425 W. Clinch Ave., Knoxville, Tennessee.
Richards, Lyman G., *Oto-Laryngological,* 1926.
319 Longwood Avenue, Boston, Mass.
Richardson, John R., *Oto-Laryngological,* 1935.
395 Commonwealth Ave., Boston, Mass.
Ross, Percy Jay, *Oto-Laryngological,* 1934. 1045 Michigan Ave., Chicago, Illinois.
Rothwell, Stephen G., *Oto-Laryngological,* 1925.
100 Eighth Street, New Bedford, Mass.
Ruggles, Ralph H., *Ophthalmic,* 1920. 394 Marlborough Street, Boston, Mass.
Ruggles, Roger L., *Oto-Laryngological,* 1932. 80 Elm Street, Westfield, Mass.
Rust, Frank L., *Ophthalmic,* 1898. (Deceased.)
Ryder, George H., *Ophthalmic,* 1901. 968 Hancock Street, Quincy, Mass.
Sachs, Benjamin, *Ophthalmic,* 1925. 483 Beacon Street, Boston, Mass.
Sargent, Francis B., *Aural,* 1923. 124 Waterman Street, Providence, Rhode Island.
Savage, Ross E., *Ophthalmic,* 1910. 543 Boylston Street, Boston, Mass.

Scarney, Herman D., *Ophthalmic,* 1928. 573 Fisher Building, Detroit, Michigan.
Schnebly, J. Thomas, *Ophthalmic,* 1938.
508 Farragut Medical Building, Washington, D. C.
Shambaugh, George E. Jr., *Oto-Laryngological,* 1932.
122 S. Michigan Boulevard, Chicago, Illinois.
Shanahan, Timothy J., *Aural,* 1907. (Deceased.)
Simmons, Fred A., *Aural,* 1918. (Deceased.)
Sisson, Raymond J., *Ophthalmic,* 1925. (Deceased.)
Skilling, Francis C., *Ophthalmic,* 1933. 401 Ingram Building, Miami, Florida.
Smith, Harold D., *Oto-Laryngological,* 1937.
342 Investment Building, Pomona, California.
Smyth, D. Campbell, *Aural,* 1910. (Deceased.)
Smyth, P. Sommers, *Ophthalmic,* 1905. (Deceased.)
Sowers, Martin L., *Aural,* 1922. Crossways Apts., Far Rockaway, New York.
Spalding, Fred M., *Ophthalmic,* 1900. 128 Newbury Street, Boston, Mass.
Spratt, Charles N., *Ophthalmic,* 1904. 785 9th Street, Minneapolis, Minn.
Standish, Myles, *Ophthalmic,* 1880. (Deceased.)
Sullivan, Garrett L., *Ophthalmic,* 1938. 5 Bay State Road, Boston, Mass.
Tegelberg, Julius, *Oto-Laryngological,* 1931. 390 Main Street, Worcester, Mass.
Terry, Theodore L., *Ophthalmic,* 1928. 128 Newbury Street, Boston, Mass.
Thompson, Peter Hunter, *Ophthalmic,* 1902.
308 Commonwealth Ave., Boston, Mass.
Tobey, George L., Jr., *Aural,* 1905. 270 Commonwealth Ave., Boston, Mass.
Tobey, Harold G., *Aural,* 1915. 270 Commonwealth Ave., Boston, Mass.
Toot, J. Frederick, *Ophthalmic,* 1922. East Liverpool, Ohio.
Vail, Derrick T., *Ophthalmic,* 1924. 819 Carew Tower, Cincinnati, Ohio.
Vail, Harris H., *Aural,* 1921. 917-920 Carew Tower, Cincinnati, Ohio.
Viger, Roland J., *Ophthalmic,* 1937.
1414 Drummond Street, Montreal, Quebec, Canada.
Waite, J. Herbert, *Ophthalmic,* 1923. 7 Bay State Road, Boston, Mass.
Wales, Ernest DeW., *Aural,* 1902.
1236 N. Pennsylvania Street, Indianapolis, Indiana.
Walker, Charles E. Jr., *Ophthalmic,* 1935. 1114 Republic Bldg., Denver, Colorado.
Walker, Clifford B., *Aural,* 1914. Auditorium Building, Los Angeles, California.
Walker, D. Harold, *Aural,* 1902. 5 Bay State Road, Boston, Mass.
Wattles, F. Merrill, *Oto-Laryngological,* 1938.
270 Commonwealth Ave., Boston, Mass.
Webster, Franklin R., *Ophthalmic,* 1926. University Building, Syracuse, New York.
Weille, Francis L., *Oto-Laryngological,* 1929.
395 Commonwealth Ave., Boston, Mass.
Weinheimer, Lambert H., *Ophthalmic,* 1922.
109 So. Warren Street, Syracuse, New York.
White, Leon E., *Aural,* 1897. (Deceased.)
White, Leon E., *Aural,* 1923. 390 Commonwealth Ave., Boston, Mass.
Whitney, Raymond C., *Ophthalmic,* 1922. 227 Union Street, New Bedford, Mass.
Willis, Harry C., *Aural,* 1923. 216 E. Nash Street, Wilson, North Carolina.
Winkler, Herman A., *Oto-Laryngological,* 1926.
224 Thayer Street, Providence, Rhode Island.
Wishart, David E. S., *Aural,* 1922. 47 Grosvenor Street, Toronto, Ontario, Canada.
Woodruff, Harry W., *Ophthalmic,* 1936. (Deceased.)
Worthen, Clarence F., *Ophthalmic,* 1917. 319 Commonwealth Ave., Boston, Mass.
Wright, Clarence F., *Oto-Laryngological,* 1931.
618 The Medical Arts Building, Toronto, Ontario, Canada
Wright, Edward N., *Oto-Laryngological,* 1933.
The Medical Arts Building, Toronto, Ontario, Canada.

Form of a Bequest to the Infirmary

I give and bequeath to the Massachusetts Eye and Ear Infirmary of Boston, the sum of dollars, to be applied to the uses of said Infirmary.

ONE HUNDRED AND FOURTEENTH

ANNUAL REPORT

OF THE

Massachusetts Eye and Ear Infirmary

INCORPORATED IN 1827

FOR THE YEAR

1939

BOSTON · MASSACHUSETTS

THE MASSACHUSETTS EYE AND EAR INFIRMARY

243 Charles Street, Corner Fruit Street, Boston, Mass.

THE MASSACHUSETTS EYE AND EAR INFIRMARY is a charitable Institution supported solely by receipts from patients and voluntary contributions. Only those unable to pay Doctors' fees will be admitted to the Wards or Out-Patient Department.

OUT-PATIENT DEPARTMENT

The Out-Patient Department is open daily excepting Sundays and legal holidays, from 8 to 10 A.M. for examination and treatment of all persons afflicted with disease of the eye, ear, nose or throat, who are unable to pay a physician. Patients should, whenever possible, bring a letter from their physician recommending admission. In emergencies or unusual situations, the patient may be admitted, the doctor notified and information requested from him as to the medical and social aspects of the case. A patient may also be admitted by giving satisfactory evidence that he is not and has not been under treatment by a physician, and that he cannot afford to pay for examination and treatment by a private physician.

Admission fee: Adults, seventy-five cents first visit, other visits fifty cents; children under sixteen years of age fifty cents first visit, other visits twenty-five cents.

HOSPITAL WARD SERVICE

Patients should whenever possible, bring a letter from their doctor recommending admission. If their medical condition after examination by the house officer on duty is found to be suitable, they will be admitted. Persons recommended for admission should come to the Admitting Office, 243 Charles Street, between 9 A.M. and 1 P.M. on week days, excepting legal holidays.

Accident and emergency cases admitted at any time.

Patients admitted to the wards as in-patients will be charged for board at the rate of twenty-four dollars per week, payable in advance, unless some special arrangement is made by the Director. No reduction in rate of board made to those residing outside the Commonwealth of Massachusetts.

PRIVATE PATIENTS

The Infirmary also provides facilities for the care of private patients of members of the hospital staff. The rates for single rooms range from $7 to $9 a day and accommodations in rooms with five or six beds are $4 a day. Patients are expected to arrange with their physician regarding professional fees.

Massachusetts Eye and Ear Infirmary

ONE HUNDRED AND FOURTEENTH

ANNUAL REPORT

OF THE

Massachusetts Eye and Ear Infirmary

INCORPORATED IN 1827

For the Year
1939

BOSTON · MASSACHUSETTS

OFFICERS, 1940

BOARD OF MANAGERS, 1939-1940

1893-95 1907-	Charles P. Curtis, 71 Ames Building
1903	Russell G. Fessenden, 17 Court Street
1914	James Dean, 201 Devonshire Street
1914	James C. Howe, 904 Exchange Building
1925	Leverett Saltonstall, 82 Devonshire Street
1929	Walter H. Trumbull, Weston, Mass.
*1934	Patrick A. O'Connell, 154 Tremont Street
1934	Frank G. Allen, 248 Summer Street
1934	Robert F. Bradford, 49 Federal Street
1935	William A. Parker, 1 Court Street
1937	Henry Hixon Meyer, 820 Exchange Building
*1939	Dr. George L. Tobey, Jr., 403 Commonwealth Avenue
1940	Mrs. Richard Cary Curtis, 215 Warren Street, Brookline, Mass.
1940	Horace W. Frost, 74 State Street

President

Russell G. Fessenden

Secretary

James C. Howe

Treasurer

James Dean

Executive Committee

Russell G. Fessenden
Robert F. Bradford
James Dean
Henry H. Meyer

Finance Committee

Russell G. Fessenden
James Dean
William A. Parker

Advisory Committee
Social Service Department

Charles T. Porter, M.D.
Paul A. Chandler, M.D.
Henry H. Meyer
William A. Parker
Mrs. William B. Snow, Jr.
Mrs. Leslie Soule

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*Appointed by the Commonwealth.

VISITING COMMITTEE

January	Mrs. R. C. Curtis Mr. Allen
February	Mr. Allen Mr. Meyer
March	Mr. Meyer Mr. Frost
April	Mr. Frost Mr. C. P. Curtis
May	Mr. C. P. Curtis Mr. Saltonstall
June	Mr. Saltonstall Mr. Trumbull
July	Mr. Trumbull Mr. Fessenden
August	Mr. Fessenden Mr. Howe
September	Mr. Howe Mr. Bradford
October	Mr. Bradford Mr. Dean
November	Mr. Dean Mr. Parker
December	Mr. Parker Mrs. R. C. Curtis

LADIES' VISITING COMMITTEE

Mrs. Sullivan A. Sargent, Jr., *Chairman*
Mrs. Harold Peabody, *Vice-Chairman*
Mrs. Franklin A. Reece, *Secretary*
Mrs. Richard Cary Curtis, *Treasurer*

Mrs. Arlie V. Bock
Mrs. John E. Boit
Mrs. Page Brown
Mrs. John Bryant
Mrs. Harry P. Cahill
Mrs. Nathaniel Clapp
Miss Emily Davis
Mrs. Livingston Davis
Mrs. Weld Douglass
Mrs. Reginald Foster
Mrs. Trygve Gundersen
Mrs. Harold L. Higgins
Mrs. Francis T. Hunter
Mrs. Varaztad H. Kazanjian
Mrs. Charles E. Mason
Mrs. William W. McCarthy
Mrs. Harris P. Mosher
Miss Madelaine Post
Mrs. John R. Richardson
Mrs. Arthur L. Richmond
Mrs. Edward J. L. Ropes
Mrs. LeRoy A. Schall
Mrs. Herbert B. Shaw
Mrs. Reginald Smithwick
Mrs. William B. Snow
Miss Ann M. Soule
Mrs. Leslie Soule
Mrs. Thomas C. Thacher, Jr.
Mrs. Charles Thayer
Mrs. John E. Thayer, Jr.
Mrs. George L. Tobey, Jr.
Mrs. Francis L. Weille
Mrs. John I. Wylde

OFFICERS, 1940

EXECUTIVE OFFICERS

Director

Nathaniel W. Faxon, M.D.

Assistant to the Director

Annie M. Robertson

SURGICAL BOARD

DEPARTMENT OF OPHTHALMOLOGY

Consulting Surgeons in Ophthalmology

Edwin E. Jack, M.D.
Henry H. Haskell, M.D.
Walter B. Lancaster, M.D.
Fred M. Spalding, M.D.
Peter H. Thompson, M.D.
Samuel J. McDonald, M.D.
Allen Greenwood, M.D.
W. Holbrook Lowell, M.D.
Hugo B. C. Riemer, M.D.
Edward K. Ellis, M.D.

Consulting Chief of Ophthalmology

Frederick H. Verhoeff, M.D.

Chief of Ophthalmology

J. Herbert Waite, M.D.

Surgeons in Ophthalmology

J. Herbert Waite, M.D.
Edwin B. Goodall, M.D.
Edwin B. Dunphy, M.D.
Benjamin Sachs, M.D.
Paul Chandler, M.D.
Theodore L. Terry, M.D.
William P. Beetham, M.D.

Associate Surgeons in Ophthalmology

John G. Jennings, M.D.
Ralph H. Ruggles, M.D.
Fred S. Thorne, M.D.
Samuel H. Wilkins, M.D.

Assistant Surgeons in Ophthalmology

Virgil G. Casten, M.D.
David G. Cogan, M.D.
Hugh C. Donahue, M.D.
Herman P. Grossman, M.D.
Trygve Gundersen, M.D.
Merrill J. King, M.D.
Brendan D. Leahey, M.D.
Harry K. Messenger, Ph.D., M.D.

Senior Clinical Assistants in Ophthalmology

Samuel T. Clarke, M.D.
Z. William Colson, M.D.
Edward E. Covitz, M.D.
Mahlon T. Easton, M.D.
Paul G. Haire, M.D.
S. Forrest Martin, M.D.
Albert E. Sloane, M.D.
H. Frederick Stephens, M.D.
Garrett L. Sullivan, M.D.
Julian F. Chisholm, Jr., M.D.

Clinical Assistants in Ophthalmology

Honoré E. Gaudreau, M.D.
Meyer M. Gilbert, M.D.
Raymond C. Whitney, M.D.

DEPARTMENT OF OTO-LARYNGOLOGY

Consulting Surgeons in Otology and Laryngology

Frederick L. Jack, M.D.
Francis P. Emerson, M.D.
J. Payson Clark, M.D.
Joseph L. Goodale, M.D.
George L. Tobey, Jr., M.D.
D. Harold Walker, M.D.
Calvin B. Faunce, M.D.
Frederick E. Garland, M.D.
Frederick L. Bogan, M.D.
Harris P. Mosher, M.D.
Harry A. Barnes, M.D.
William I. Wiggin, M.D.
Charles D. Knowlton, M.D.

Chief of Otology and Laryngology

LeRoy A. Schall, M.D.

Surgeons in Oto-Laryngology

George H. Poirier, M.D.
Harold G. Tobey, M.D.
Charles T. Porter, M.D.
Philip E. Meltzer, M.D.
Leon E. White, M.D.
Moses H. Lurie, M.D.

Surgeon for Tumor Clinic

Edwards W. Herman, M.D.

Surgeon for Plastic Operations

Varaztad H. Kazanjian, M.D., D.M.D.

Associate Surgeons in Oto-Laryngology

Gustave B. Fred, M.D.
Robert L. Goodale, M.D.
Maurice G. Evans, M.D.
Francis L. Weille, M.D.
Philip Mysel, M.D.
Charles I. Johnson, M.D.

Assistant Surgeons in Oto-Laryngology

Charles H. Allman, M.D.
Walter J. E. Carroll, M.D.
John R. Frazee, M.D.
Elmer H. Gillespie, M.D.
Edgar M. Holmes, M.D.
Vincent J. Kelley, M.D.
Burton E. Lovesey, M.D.
Werner Mueller, M.D.
Josiah E. Quincy, M.D.
John R. Richardson, M.D.

Clinical Assistants in Oto-Laryngology

John G. Adams, M.D.
Samuel Cline, M.D.
Elizabeth DeBlois, M.D.
Joshua C. Drooker, M.D.
Joseph Lentine, M.D.
Donald H. Macdonald, M.D.
Walter L. McClintock, M.D.
Merrill Wattles, M.D.

Clinical Assistant for Bronchoscopy and Oesophagoscopy

Edward B. Benedict, M.D.

Consulting Pathologist

Tracy B. Mallory, M.D.

Pathologist

Theodore L. Terry, M.D.

Roentgenologist

A. S. Macmillan, M.D.

Dentist

George H. Wright, D.M.D.

Assistant Anesthetist

Russell F. Sheldon, M.D.

HOWE LABORATORY OF OPTHTHALMOLOGY

Director

Frederick H. Verhoeff, M.D.

Merrill J. King, M.D.
Trygve Gundersen, M.D.
Elek Ludvigh, Ph.D.
David G. Cogan, M.D.
Harry K. Messenger, Ph.D., M.D.
Samuel T. Clarke, M.D.
Z. William Colson, M.D.

CONSULTANTS

Consulting Physicians

James H. Means, M.D.
Gerald Blake, M.D.
Arlie V. Bock, M.D.
William B. Breed, M.D.
Chester M. Jones, M.D.
Francis M. Rackermann, M.D.
Paul D. White, M.D.
Walter Bauer, M.D.
F. Dennette Adams, M.D.
Fuller Albright, M.D.
Wyman Richardson, M.D.
Roger P. Dawson, M.D.
Dwight L. Siscoe, M.D
Francis T. Hunter, M.D.
Donald S. King, M.D.
James H. Townsend, M.D.
Howard B. Sprague, M.D.
William A. Bishop, M.D.
Maurice Fremont-Smith, M.D.
Myles P. Baker, M.D.
Margaret V. Grogan, M.D.
B. Thurber Guild, M.D.
Howard B. Jackson, M.D.
Roy R. Wheeler, M.D.
Barnard M. Jacobson, M.D.
Richard B. King, M.D.
Robert S. Palmer, M.D.
John H. Talbott, M.D.
Thomas V. Urmy, M.D.
Allen G. Brailey, M.D.
Walter S. Burrage, M.D.
John H. Fay, M.D.
Greene FitzHugh, M.D.
Jacob Lerman, M.D.
John P. Monks, M.D.
Helen S. Pittman, M.D.
Milton J. Quinn, M.D.
Charles L. Short, M.D.
Earle M. Chapman, M.D.
Edward F. Bland, M.D.
T. Duckett Jones, M.D.
John W. Cass, Jr., M.D.

Consulting Dermatologists

C. Guy Lane, M.D.
Loretta J. Cummins, M.D.
Jacob H. Swartz, M.D.
Austin W. Cheever, M.D.
Ethel M. Rockwood, M.D.
Myer M. Tolman, M.D.

Consulting Neurologists

James B. Ayer, M.D.
George Clymer, M.D.
Henry R. Viets, M.D.
Charles A. McDonald, M.D.
Harry C. Solomon, M.D.
G. Colket Caner, M.D.
Charles S. Kubik, M.D.

Consulting Psychiatrists

Stanley Cobb, M.D.
Kenneth J. Tillotson, M.D.
Jacob E. Finesinger, M.D.
Niels Anthonisen, M.D.
Erich Lindemann, M.D.
Helene Deutsch, M.D.
William G. Barrett, M.D.
Edgarton M. Howard, M.D.
Marianna Taylor, M.D.
Martin W. Peck, M.D.
R. Barry Bigelow, M.D.

Consulting Pediatricians

Harold L. Higgins, M.D.
Joseph Garland, M.D.
J. Herbert Young, M.D.
Richard S. Eustis, M.D.
Edward S. O'Keefe, M.D.
Eli C. Romberg, M.D.
Solomon H. Rubin, M.D.
Richard C. Tefft, Jr., M.D.
Arthur Bates Lyon, M.D.
Oliver E. Bixby, M.D.
Ralph W. Daffinee, M.D.
Leo B. Burgin, M.D.

Consulting Surgeons

Edward D. Churchill, M.D.
Arthur W. Allen, M.D.
George A. Leland, Jr., M.D.
Leland S. McKittrick, M.D.
Edward L. Young, Jr., M.D.
Joe Vincent Meigs, M.D.
Henry C. Marble, M.D.
Horace K. Sowles, M.D.
Ernest M. Daland, M.D.
A. William Reggio, M.D.
Reginald H. Smithwick, M.D.
Grantley W. Taylor, M.D.
Torr W. Harmer, M.D.
E. Parker Hayden, M.D.
Franklin G. Balch, Jr., M.D.
Horatio Rogers, M.D.
Henry H. Faxon, M.D.
Robert R. Linton, M.D.
Richard H. Sweet, M.D.
Oliver Cope, M.D.
Marshall K. Bartlett, M.D.
Edward B. Benedict, M.D.
Langdon Parsons, M.D.
John D. Stewart, M.D.
Champ Lyons, M.D.
Richard H. Wallace, M.D.

Consulting Neurosurgeons

W. Jason Mixter, M.D.
John S. Hodgson, M.D.
James C. White, M.D.

Consulting Orthopedists

Marius N. Smith-Petersen, M.D.
Armin Klein, M.D.
William A. Rogers, M.D.
George W. Van Gorder, M.D.
Edwin F. Cave, M.D.
Joseph S. Barr, M.D.
Paul L. Norton, M.D.

Consulting Urologists

George Gilbert Smith, M.D.
Fletcher H. Colby, M.D.
Bryant Wetherell, M.D.
Richard Chute, M.D.
Sylvester B. Kelley, M.D.

Consulting Pathologists

Benjamin Castleman, M.D.
Edward A. Gall, M.D.

Consulting Bacteriologist

Louis Dienes, M.D.

Consulting Roentgenologists

George W. Holmes, M.D.
James R. Lingley, M.D.
Aubrey O. Hampton, M.D.
Richard Schatzki, M.D.

Consultant in Contagious Diseases

Edwin H. Place, M.D.

Consultant in Preventative Medicine

John E. Gordon, M.D.

Consultant in Pharmacology

Otto Krayer, M.D.

HOUSE STAFF

Internes in Ophthalmology

Earl S. Seale, M.D.
Charles M. Foote, M.D.
Thomas J. Cavanaugh, M.D.
Franklyn D. Burger, M.D.
Clarence H. Albaugh, M.D.
Wendell C. Irvine, M.D.
Henry A. Mosher, M.D.

Internes in Oto-Laryngology

Robert G. Snow, M.D.
David P. Cordray, M.D.
James A. Moore, M.D.
Julio Quevedo, M.D.
Earl C. Slaughter, M.D.
Robert E. McCall, M.D.
Edward F. Lawlor, M.D.

Executive Assistants

Helen McCaskill, R.N.
Ruth M. Hutchinson, R.N.
Walborg L. Peterson, R.N.

Superintendent of Nurses

Sally Johnson, R.N.

Assistant Superintendent of Nurses

Dorothy M. Tarbox, R.N.

Director of Social Service

Helen J. Almy

BRIEF HISTORY OF THE MASSACHUSETTS EYE AND EAR INFIRMARY

The Massachusetts Eye and Ear Infirmary had its inception in the latter part of 1824 when Dr. Edward Reynolds and Dr. John Jeffries established a free clinic for the treatment of the eye in a small room in the Scollay Building situated in what is now the center of Scollay Square. It is the second oldest institution of its kind in the United States, the New York Eye and Ear Infirmary having been founded in 1820.

In the first sixteen months nearly 900 patients were treated, and so successful was the undertaking that in March, 1826, with the aid of friends, a public subscription was started and the Boston Eye Infirmary was formed. In 1827 it was formally incorporated as the Massachusetts Charitable Eye and Ear Infirmary (changed to the Massachusetts Eye and Ear Infirmary in 1924) and shortly moved to larger quarters at the corner of Court and Tremont Streets. The Infirmary was open from 12 to 1 o'clock for gratuitous treatment of the eye and ear. In 1827 there were reported 583 cases of eye diseases and 98 of ear diseases. The receipts were $473.62 and the expenses $333.62.

By 1836 the Infirmary was so well known that one-third of the patients came from outside of Boston and 153 towns and cities were represented. Owing to the increase in the number of patients, the Infirmary was removed in 1836 to the Salisbury Building on Summer Street, and three years later the Gore mansion on Green Street near Bowdoin Square was purchased. To enable the Infirmary to do this, the Commonwealth gave $5,000 and an additional grant of $2,000 a year, for five years. Here for the first time ward patients could be accommodated to the number of twenty. Previously they had been placed in boarding houses in the neighborhood. Facilities were provided for a school of observation, as it was called, for medical students and Dr. Jeffries gave a course of lectures at the Infirmary which was followed by lectures for six successive years by Dr. Reynolds at the Tremont Medical School. Daily clinics for students were held.

By 1849 the Gore mansion had become too small to take care of the increasing number of patients, in that year 2,000. With the aid of a generous grant from the Commonwealth and funds raised by subscriptions, property on Charles Street near Cambridge Street was purchased and a new Infirmary built and dedicated in 1850. Later a wing was added. In 1871 the Ear Department was organized and by 1876 the patients in that department numbered 2,250.

The first Charles Street building, which had housed the Infirmary for over fifty years, proved inadequate, and the Out-Patient Department was much over-crowded, with an average weekly attendance of 1,200. With the aid of a grant from the Commonwealth of $100,000, the present site was purchased and the building was completed in March, 1899. Since the last Constitutional Convention the Infirmary cannot by law receive any grant from the Commonwealth. Social Service was instituted in 1907. The Gardner Building for the treatment of contagious diseases of the eye was added shortly and in 1909 a separate building was built for the Pathological Laboratory. In the same year a Nurses' Home was built on the site of the old Infirmary, to house 94 people, and later the space formerly occupied by nurses in the Infirmary was changed into a private ward. A school for graduate and affiliated nurses which gives special training in the care of diseases of the eye, ear, nose and throat is maintained.

In the year 1922 the Laryngological Department of the Massachusetts General Hospital was granted the use of beds in the Infirmary and became a department of that institution as far as its house work was concerned.

In 1925 the surgeons of the Aural and Laryngological departments appear in one group as Oto-Laryngologists.

January 1st, 1928, the Laryngological Out-Patient Department of the Massachusetts General Hospital was taken over by the

Infirmary and the relations of the Aural Department with the Laryngological Department became very close. At the same time the Out-Patient Department, though still operated by the Infirmary, was joined with that of the Massachusetts General Hospital in the new building built by the latter.

Part of the space formerly occupied by the Out-Patient Department was taken for the Howe Laboratory of Ophthalmology. This was made possible through the generosity of the late Dr. Lucien Howe, who gave $250,000 towards a fund of $500,000 given to Harvard College, the income to be used for research work. The balance of the space was given over to the Research Laboratory of the Ear, Nose and Throat Department, the X-Ray Department and the Lucien Howe Library of Ophthalmology.

Last year the Infirmary took care of 5,842 people in the public wards, 1,650 in the private wards and there were 100,861 visits to the Out-Patient Department. The active staff numbers 89 and there are 238 paid employees.

REPORT OF THE PRESIDENT

On behalf of the Board of Managers of the Massachusetts Eye and Ear Infirmary, I beg to present the One Hundred and Fourteenth Annual Report, being for the year 1939. It is only by reading the reports of the different departments that one can appreciate the great volume of work and the different activities which are carried on at the Infirmary.

There was a daily average of 119 patients in the Public Wards and 28 in the Private Wards, not much change from last year. In the Public Wards patients pay what they can from nothing to full rates and, while 25% paid nothing, the amount received from all patients was the same as if 35% had been free and the balance at full rates. Even full rate is not much over one-half cost. Visits to the Out-Patient Department were 335 a day, about the same as last year. In the Massachusetts General Hospital and Infirmary combined department 38% were free.

Receipts from the Infirmary were slightly more than last year and expenses slightly less. Income on invested funds and subscriptions were about $900 more, resulting in a deficit of $10,916.70, compared with a deficit of $13,631.86 last year. These continued deficits are very serious in view of the continual reduction in the rate of return on our invested funds and because the Community Federation is unable to allot enough to the Infirmary to cover the deficit. The plant is being well maintained but there are major improvements such as new operating rooms which are much needed. Many of the departments are cramped for room and one has only to read the reports of the various departments to appreciate how their full usefulness is restricted by lack of funds. Under the circumstances, the Managers do not feel it prudent to spend capital funds for improvements thus decreasing the income, or to grant more to certain departments though it is sorely needed.

The Managers again wish to record their indebtedness to the members of the Ladies' Visiting Committee whose unselfish service helps so much toward the comfort of the patients and Staff.

Through their successful Rummage Sale last year they have increased the John and Martha Lawrence Fund to $5,550.40.

The Infirmary suffered a great loss in the death of Mr. George P. Gardner who had been a Manager since 1887 and during all that time had given devoted service, serving as President during a particularly trying time. The Managers depended greatly on his wise advice as he had a wide experience in hospital management, and his personality was such that he is much missed by the Managers.

By the death of Dr. Harry P. Cahill the Infirmary lost an able and devoted member of the Staff. Appointed Aural House Officer in 1914, he served in the various grades, becoming Surgeon in 1929. He is a great loss to the Staff.

Dr. Harris P. Mosher resigned as Chief of Otology and Laryngology during the year. He has been a member of the Staff since 1906. The Managers wish to record their deep appreciation of the work he has done for the Infirmary, not only as Chief in the Clinic but by his teaching, the interest in the work which he has instilled into the Staff and also the founding of the Mosher Laboratory. We are very glad that Dr. LeRoy A. Schall has succeeded Dr. Mosher.

The Governor appointed, in place of Mrs. Charles J. O'Brien, Dr. George L. Tobey, Jr., whose intimate knowledge of the Infirmary will be of great service to the Managers.

The Managers gratefully acknowledge bequests received during the year from the estates of Ellen H. Ross, Lucy Newcomb, Mary Celia Crosby, Marjorie J. Mace, Helen C. Butterfield, Mary L. Crowell and Mary Agnes Eaton.

The Managers wish to record their deep gratitude to the Staff and employees, to whose devoted service the continued growth and efficiency of the Infirmary are due.

R. G. FESSENDEN,
President.

REPORT OF THE TREASURER

BALANCE SHEET

December 31, 1939

ASSETS

Land and buildings—book value:		
Infirmary	$ 357,400.44	
Laboratory buildings	11,735.91	
Nurses' dormitories	122,605.64	
		$ 491,741.99
Investments—book value:		
Real estate	$ 5.00	
Securities, etc.	1,942,607.23	
		1,942,612.23
Cash on hand:		
Capital account	$ 86,309.37	
Income account	3,488.84	
		89,798.21
TOTAL ASSETS		$2,524,152.43

CAPITAL AND FUNDS

General Fund	$1,465,132.83
Permanent funds—income restricted	169,137.43
Permanent funds—income unrestricted	879,890.73
Special purpose funds	6,502.60
Unexpended restricted income	3,488.84
TOTAL CAPITAL AND FUNDS	$2,524,152.43

Statement of Income—Receipts and Disbursements for the Year Ending December 31, 1939

Hospital Receipts:				
As per Director's Financial Statement (Page 37)				$351,801.24
Less:				
Hospital Operating Disbursements:				
As per Director's Financial Statement (Page 37)				
General		$445,067.40		
Social Service		18,640.60	$463,708.00	
Treasurer's Disbursements:				
Auditing, Bookkeeping and Custody of Securities		$ 1,650.00		
Insurance		101.00		
Miscellaneous		2,770.02	4,521.02	
Total Ordinary Disbursements				468,229.02
Excess of Ordinary Disbursements over Hospital Receipts				$116,427.78
Deduct:				
Other Income Receipts:				
Total Income from Investment Securities		$ 70,558.75		
Less:				
One-half income from F. E. Weber Fund—added to Principal	$ 86.58			
Income from Fund for Maintenance of Gardner Building—added to Principal	670.80			
Income from George Strong Derby Memorial Fund—Unexpended	69.85			

Income from John and Martha Lawrence Fund—added to Principal	191.30			
Income from Aural Surgeons Fund—Unexpended—added to Principal	22.04	1,040.57	$ 69,518.18	
*Contributions for general purposes			628.00	
MISCELLANEOUS INCOME:				
From the Community Federation of Boston—1938		$ 8.87		
From the Community Federation of Boston—1939		22,110.00		
From the Estate of Charles G. Greene		239.67		
From the Estate of C. Gorham Peters		2,000.00		
From the Estate of Albert N. Blodgett		1,200.00		
From the Estate of Elisha V. Ashton		2,300.00		
From the Committee of Permanent Charity Fund, Incorporated		187.50		
Transfer from Special Purpose Funds		7,564.07	35,610.11	105,756.29
EXCESS OF ORDINARY DISBURSEMENTS OVER RECEIPTS ON INCOME ACCOUNT				$ 10,671.49
ADD:				
Extraordinary Expenses				245.21
DEFICIT—EXCESS OF TOTAL DISBURSEMENTS OVER RECEIPTS ON INCOME ACCOUNT—CHARGED TO GENERAL FUND				$ 10,916.70

JAMES DEAN,
Treasurer.

PATTERSON, TEELE AND DENNIS,
Auditors.

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*There were also contributions for various special purposes amounting to $7,736.90 (including $3,051.90 for Social Service) which have been added to principal of Special Purpose Funds.

INVESTMENT SECURITIES

December 31, 1939

BONDS	
$25,000	U. S. Treasury Notes, 1½%, June 15, 1940
5,000	U. S. Treasury Notes, 1½%, March 15, 1941
10,000	U. S. Treasury Notes, 1⅜%, June 15, 1941
2,000	U. S. Treasury Notes, 1¾%, March 15, 1942
25,000	U. S. Treasury Notes, 1⅛%, June 15, 1943
2,000	U. S. Treasury Notes, ¾%, June 15, 1944
10,000	U. S. Treasury Bonds, 3¼%, August 1, 1941
63,000	U. S. Treasury Bonds, 3¼%, October 15, 1945
20,000	U. S. Treasury Bonds, 2¾%, September 15, 1947
10,000	U. S. Treasury Bonds, 3%, June 15, 1948
5,000	U. S. Treasury Bonds, Reg. 2%, December 15, 1950
5,000	U. S. Treasury Bonds, 2¾%, March 15, 1951
5,000	U. S. Treasury Bonds, 2½%, September 15, 1952
35,000	U. S. Treasury Bonds, 2¾%, June 15, 1954
5,000	U. S. Treasury Bonds, 2¾%, September 15, 1959
8,000	U. S. Treasury Bonds, 2⅞%, March 15, 1960
36,000	U. S. Treasury Bonds, 2¾%, June 15, 1963
5,000	U. S. Treasury Bonds, 2¾%, December 15, 1965
10,000	Alabama Power Co., 4½s, December 1, 1967
20,000	Albany & Susquehanna Railroad registered 3½s 1946
15,000	American Telephone & Telegraph Company 5½s 1943
10,000	American Telephone & Telegraph Company 3¼s 1966
10,000	Armour & Company of Delaware 4s 1955
20,000	Atchison, Topeka & Santa Fe Railway Co. General 4s 1995
15,000	Bethlehem Steel Corporation 3¼s 1959
15,000	Blackstone Valley Gas & Electric Company 4s 1965
10,000	Boston & Albany Railroad 4½s 1943
14,000	Boston & Maine Railroad Company Series "V" 5s 1942
1,000	Boston & Maine Railroad Company Series "Z" 5s 1943
9,000	Boston & Maine Railroad Company Series "AA" 5s 1944
1,000	Boston & Maine Railroad Company Series "DD" 5s 1945
3,000	Bush Terminal Buildings Company 1st 5s 1960
10,000	Butte Electric & Power Company 1st 5s 1951
10,000	Canada, Dominion of, 2¼s 1944
25,000	Canada, Dominion of, 3s 1968
20,000	Canada, Dominion of, 3¼s 1961
25,000	Canadian Pacific Railway Equipment Trust 5s 1944
5,000	Central Illinois Public Service Co. 3¾s 1968
10,000	Central New York Power Corporation General 3¾s 1962

10,000	Chesapeake & Ohio Railway Company General 4½s 1992
20,000	Chicago, Burlington & Quincy Railroad 1st & Ref. 4½s 1977
8,500	Chicago City Railway Company 1st 5s 1927 (C/D)
25,000	Chicago Junction Railways & Union Stock Yards 4s 1940
1,000	Chicago Junction Railways & Union Stock Yards 5s 1940
25,000	Chicago & Northwestern Railway Company 4¾s 1949
10,000	Cincinnati Gas & Electric Company 1st 3½s 1967
20,000	Florida Power & Light Company 1st 5s 1954
10,000	General Motors Acceptance Corporation debenture 3¼s 1951
25,000	General Motors Acceptance Corporation Note, June 18, 1940
10,000	Georgia Power Company 1st & Refunding 5s 1967
10,000	Great Northern Railway Company General 3¾s 1967
20,000	Hudson & Manhattan Railroad Company 1st 5s 1957
20,000	Illinois Power & Light Company 1st & Refunding 5s 1956
20,000	Illinois Steel Company debenture 4½s 1940
10,000	Inland Steel Company 1st 3¾s 1961
15,000	Jacksonville Terminal Company Ref. & Ext. 5s 1967
15,000	Lake Shore & Michigan Southern Ry. Co. registered 3½s 1997
10,000	Loew's Incorporated 3½s 1946
10,000	Long Island Railroad Company refunding 4s 1949
20,000	Long Island Railroad Company Unified 4s 1949
7,000	Louisville & Jeffersonville Bridge Company 4s 1945
15,000	Maine Central Railroad 1st 4s 1945
10,000	Michigan Central Railroad Company 1st 3½s 1952
10,000	Mississippi River Power Company 1st 5s 1951
20,000	Missouri Pacific Railroad Company 1st & Refunding 5s 1977 (C/D)
14,000	National Steel Corporation 3s 1965
4,000	Newton, City of, registered 4¼s 1940
2,000	Newton, City of, registered 4¼s 1941
15,000	New York Central & Hudson River R.R., Michigan Central 3½s 1998
4,000	New York, New Haven & Hartford Railroad 3½s 1947
25,000	New York, New Haven & Hartford R.R. Conv. Deb. 6s 1948
10,000	North Boston Lighting Properties 3½s 1947
15,000	Northern Pacific Railroad Co. Gen. Lien & Land Grant 3s 2047
15,000	Ohio Edison Company 1st 4s 1967
10,000	Pennsylvania Glass Sand Corporation 4½s 1960
25,000	Pennsylvania Power & Light Co. 3½s 1969
15,000	Pennsylvania Railroad 4¼s 1981
15,000	Philadelphia Electric Co. 1st & Refunding 3½s 1967

10,000	St. Johnsbury & Lake Champlain Railroad Co. 1st 5s 1944
15,000	St. Louis-San Francisco Ry. Co. Equipment Trust 4½s 1942
10,000	St. Paul Union Depot Company 1st refunding 5s 1972
19,000	Safe Harbor Water Power Corporation 4½s 1979
20,000	Shell Union Oil Corporation 2½s 1954
15,000	Southern Bell Telephone & Telegraph Co. debenture 3¼s 1962
20,000	Southern Pacific Company 4½s 1969
20,000	Utah Power & Light Company 1st 5s 1944
15,000	Virginia Electric & Power Company 1st & Refunding 3½s 1968
15,000	Western Massachusetts Companies 3¼s 1946
10,000	Western Union Telegraph Company 5s 1960
15,000	Youngstown Sheet & Tube Company 1st 4s 1961

MORTGAGE NOTE

One-fourth interest in $2,240 Mortgage Note of C. B. Heckman due May 22, 1940 on property at 65 Natasco Avenue, Hull, Mass.

STOCKS

100	shares American Can Company, common
150	shares American Sugar Refining Company, preferred
410	shares American Telephone & Telegraph Company
204	shares Atchison, Topeka & Santa Fe Railway Company, common
200	shares Borden Company, common
100	shares Boston Edison Company
100	shares Boston Real Estate Trust
100	shares Chicago Junction Rys. & Union Stock Yards Co. preferred
500	shares Commonwealth Edison Company
200	shares Consolidated Edison Company of New York, $5 preferred
200	shares Consolidated Gas, Electric Light & Power Co. of Baltimore
150	shares Continental Can Company, Inc., $4.50 preferred
200	shares Cleveland Electric Illuminating Company, $4.50 preferred
25	shares Dwelling House Associates
150	shares Eastman Kodak Company
100	shares Electric Bond & Share Company, preferred
500	shares First National Bank of Boston
500	shares General Electric Company, common
200	shares General Motors Corporation, common
100	shares Guaranty Trust Company of New York
300	shares Hartford Fire Insurance Company
100	shares Liggett & Myers Tobacco Company, common

100	shares Liggett & Myers Tobacco Co., Common "B"
100	shares Ludlow Manufacturing Associates
200	shares National Biscuit Company, common
500	shares National Shawmut Bank of Boston
100	shares New England Telephone & Telegraph Company
200	shares New York Central Railroad Company
200	shares Pennsylvania Railroad Company
300	shares Phillips Petroleum Company
150	shares Phoenix Insurance Company
202	shares Procter & Gamble Company, common
100	shares Public Service Corp. of New Jersey, $5.00 preferred
200	shares Southern Railway Company, preferred
506	shares Standard Oil Company of New Jersey
180	shares Tacoma Railway & Power Company
300	shares Texas Corporation
100	shares Union Carbide & Carbon Corporation
100	shares Union Pacific Railroad Company, common
200	shares United Fruit Company
200	shares United Shoe Machinery Corporation, common
100	shares United States Steel Corporation, common
300	shares United States Steel Corporation, preferred

SECURITIES HELD FOR WEBER FUND

BONDS	
$1,000	U. S. Treasury Notes, 1½%, March 15, 1941
500	U. S. Treasury Bonds, 3¼%, October 15, 1945
5,000	U. S. Treasury Bonds, 2%, December 15, 1947
500	U. S. Treasury Bonds, 2⅞%, March 15, 1960
1,000	U. S. Treasury Bonds, 2¾%, June 15, 1963

MASSACHUSETTS EYE AND EAR INFIRMARY

The Managers gratefully acknowledge receipt of the following legacies during the year 1939:

Estate of Helen C. Butterfield Additional, making a total of $1,009.19	$ 303.84
Estate of Mary Celia Crosby	2,000.00
Estate of Mary L. Crowell Additional, making a total of $12,582.41	2,582.41
Estate of Mary Agnes Eaton Additional, making a total of $4,210.92	482.03
Estate of Marjorie J. Mace	1,000.00
Estate of Lucy Newcomb Additional, making a total of $976.25	150.00
Estate of Ellen H. Ross	5,000.00

John and Martha Lawrence Fund Additional, making a total of $5,550.40 Principal and income to be at the disposal of the Ladies' Visiting Committee.	1,835.00

PERMANENT FUNDS—INCOME RESTRICTED

1876	BEQUEST UNDER WILL OF SUSAN P. GRAY Income to be applied to the relief and assistance of poor patients of the Infirmary.	$ 1,000.00
1882	BERKSHIRE FUND Gift of Zenas M. Crane to establish a free bed to be known as the "Berkshire Bed," and to be used by preference by patients coming from Pittsfield, Massachusetts, or the adjacent locality.	5,000.00
1889	BEQUEST UNDER WILL OF ELISHA T. LORING Income to be applied for the benefit of destitute patients.	3,500.00
1898	JOHN W. AND BELINDA L. RANDALL FUND Income, so far as practical, to be used to increase and diffuse knowledge in relation to health and disease of the eye and ear.	30,000.00
1898	THE FREDERICK E. WEBER FUND Bequest under the will of Frederick E. Weber, to be designated "The Frederick E. Weber Fund." One-half of the net income of the Fund and of its accumulations in each year shall each year be expended for the charitable purposes of the Infirmary.	8,593.55
1899	THE THEODORE CHASE MEMORIAL FUND Gift of Mrs. Theodore Chase to establish "The Theodore Chase Memorial Fund." Income to be used for books and magazines for aural patients.	2,500.00
1901	AURAL SURGEONS' FUND Gift of Dr. Clarence J. Blake to provide a fund to be known as the "Aural Surgeons' Fund." Income to be spent by the Surgeons only in the Aural Department.	16,031.04
1901	BEQUEST UNDER WILL OF HENRY SALTONSTALL Annual income to be applied in equal shares to the Aural and Ophthalmic Departments.	10,000.00
1909	BEQUEST UNDER WILL OF FREDERICK R. SEARS Income to be used in any way that may add to the happiness and comfort, or that may	20,000.00

	tend to lighten the weary hours, of those unfortunates who may be afflicted with diseases of the eye, by rendering assistance to the families of such as are deserving and poor, and by providing such extra comforts to them and their families as may seem proper to the officers of the Infirmary.	
1912	The Fund for the Maintenance of the Gardner Building Gift of Mr. and Mrs. Shepherd Brooks.	19,462.34
1912	Social Service Fund Gift of Mrs. Shepherd Brooks.	5,000.00
1914/15	Bequest under Will of William S. Hills Income to be used for free patients.	10,000.00
1916	Bequest under Will of Mitchell A. Dearborn Income to be used for Social Service work.	1,000.00
1923	William F. Watson Free Bed Fund Bequest under will of William F. Watson to establish a free bed in the Aural Department, to be known as the "William F. Watson Free Bed."	6,000.00
1928	Mary Lowell Stone Fund Gift of Miss E. F. Munroe to establish a fund to be designated the "Mary Lowell Stone Fund," income to be used for needy, deserving patients.	2,450.00
1932/36	George Strong Derby Memorial Fund Income to be applied annually under the direction of the Board of Surgeons and the Board of Managers to continue the work of Doctor Derby along medical-social service lines.	13,050.10
1938	Bequest under Will of Charlotte S. Sprague For the endowment of a free bed in memory of Elizabeth J. Ward, the occupancy of said bed to be designated by the Rector of Emmanuel Church in Boston.	10,000.00
1938/39	The John and Martha Lawrence Fund Established by the Ladies' Visiting Committee.	5,550.40

PERMANENT FUNDS—INCOME UNRESTRICTED

1850	Bequest under Will of John Bromfield	$ 10,000.00
1871	Bequest under Will of Nabby Joy to be designated the "Joy Fund"	10,000.00
1882	Gift of Mr. Nathaniel Thayer to be known as the "Nathaniel Thayer Fund"	54,570.00
1887	Bequest under Will of Richard Perkins to be known as the "Perkins Fund"	10,000.00
1890	Bequest under Will of Ellen M. Gifford to be called the "Ellen M. Gifford Fund"	5,000.00
1891	Bequest under Will of J. Huntington Wolcott	1,500.00
1895	Bequest under Will of Samuel E. Sawyer	2,382.20
1896/97	Ann White Vose Fund	18,591.54
1898	Bequest under Will of Henry L. Pierce	20,000.00
1907	Gift of Francis D. Le Compte in memory of Adelaide LeCompte Spalding	25,000.00
1912	Julia M. Moseley Fund	6,190.47
1915	Bequest under Will of Harriet Otis Cruft	10,000.00
1921	Bequest under Will of Clara B. Kimball	1,050.00
1921	Bequest under Will of Charles Frederick Smith to be known as the "Charles Frederick Smith Fund"	8,663.00
1923	Bequest under Will of Harriet S. Hazeltine	13,000.00
1924/36	Bequest under Will of Joseph B. Glover	28,936.58
1924	Bequest under Will of Anna P. Rogers to be known as the "Anna P. Rogers Fund"	10,000.00
1927	Gift of Robert H. Stevenson, Jr. to establish a fund to be known as the "Alice-Lee Thomas Stevenson Fund"	10,000.00
1927	Charles C. Ely Fund	5,000.00
1927	Gift of Mrs. Edith Fiske Bradford in memory of her husband to establish a fund to be known as the "Dr. E. H. Bradford Fund"	1,000.00

1927	BEQUEST UNDER WILL OF SAMSON R. URBINO to establish a fund to be known as the "Levina B. Urbino Fund"	500.00
1927	WALTER C. LEWIS FUND	25,000.00
1931	BEQUEST UNDER WILL OF ELLEN PAGE HALL to be known as the "Henry A. Page Fund"	30,000.00
1931/32	BEQUEST UNDER WILL OF MERRILL L. PIERCE to be known as the "George C. Pierce Fund"	34,251.95
1931/39	BEQUEST UNDER WILL OF ELIZABETH R. STEVENS	542,754.99
1934	BEQUEST UNDER WILL OF HANNAH HATHAWAY KIMBALL	1,000.00
1935	GIFT OF THE TRUSTEES OF THE PAUL WILDE JACKSON TRUST to be known as the "Henry Clay Jackson Fund"	25,500.00
1936	BEQUEST UNDER WILL OF HELEN C. BUTTERFIELD to be known as the "George W. Butterfield Fund"	1,009.19

REPORT OF THE LADIES' VISITING COMMITTEE

The Ladies' Visiting Committee has again this year concentrated its efforts on trying to increase the John and Martha Lawrence Fund, believing that to establish this fund will, in the end, be for the greatest good of the Hospital. We have at the present time $5,359.10 in the Fund of which $1,500 was added from our Rummage Sale last Spring. We would like to take this opportunity to thank the Staff and friends of the Infirmary for articles given to the Sale and to remind them that this is an annual Sale and our only means of raising money.

We have carried on our visiting as usual and one of our members has again given to the Hospital the services of a reader for two afternoons a week.

Two radios have been donated by members of the Committee and toys and toy bags were given for the Nursery. We gave $45 for Christmas parties in the Hospital and the Nurses' Home and a Christmas tree was again given for the yard as well as candy and smaller trees for the wards.

During the year we gave $50 for Mother's Milk. This amount varies from year to year and we give this money as the need arises. We again gave magazines for the hospital and Social Service Department and daily papers and magazines for the Nurses' Home.

Through the year we have given to the Occupational Therapy Department $620. Out of this amount we paid for an Assistant for Miss Wade for the winter and for a substitute to take her place while she was on her vacation. The rest went into supplies for the Department.

Respectfully submitted,

Helen M. Sargent,
Chairman, Ladies' Visiting Committee.

REPORT OF THE DIRECTOR

To the Managers:

Gentlemen: Herewith I submit my fifth report as Director and the annual report for the year 1939. The number of patients, the number of patients' days, the number of visits to the Out-Patient Department remained essentially the same as last year. The occupancy was 67% for private and 63% for public beds. In these wards the work of the Infirmary was subject to the same periods of crowding and under use as in former years. Total salaries increased slightly, while the cost of supplies remained about the same. Receipts from patients, however, increased about $400 so that the operating deficit was slightly less than last year. Likewise from the Treasurer's report it will be seen that the net deficit was reduced from about $13,000 to $10,000.

Two new ventures appeared in the Ophthalmological Service during this year. One the establishment of an Eye Tumor Clinic for the study and better follow-up and treatment of cases with tumors of the eye. The other, a glaucoma class, organized on the same basis as Diabetic Classes, for the instruction of patients with glaucoma and control of their impaired sight. Thirteen hundred of these patients are now listed, a constantly growing group. Unless intelligently cared for glaucoma results in blindness. It is hoped that by the instruction given in these classes of thirty patients each, blindness from glaucoma can be largely prevented. It is a new and promising departure.

Dr. Garrett L. Sullivan has continued to direct the perimetry room which is an important link in the examination of patients and the teaching of House officers.

On October 1st, Dr. Harry K. Messenger resigned and Dr. Julian F. Chisholm, Jr., assumed charge of the Vision Room. This is the bottle neck of the clinic—1,228 patients per month are examined here, a stupendous task since each examination is time consuming.

"A prophet is not without honour save in his own country and in his own house" and so many of us fail to realize how important a part the Infirmary plays in the instruction of those who are to become Ophthalmologists and Otorhinolaryngologists. The number of applications for the positions of House Officer and the character and quality of the men who apply, prove that the Infirmary stands high in this respect. It can only retain this preeminence by combined and continued effort.

On September 1st, Dr. Harris P. Mosher, for 14 years Chief of the Otolaryngological Service, resigned. He was identified with oto-rhinolaryngological work in the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary from 1903 to 1939. A pioneer in the development of the difficult art of bronchoscopy; a teacher of unusual ability, founder and supporter of the Mosher Laboratory; a persistent investigator possessing unusual manual skill; a dynamic personality who has attracted and inspired many generations of House Officers. The Massachusetts Eye and Ear Infirmary is richer from his services. Under his leadership this service reached a pinnacle in the scientific world. Dr. LeRoy A. Schall, for many years a member of the department, was appointed to his place both in the Infirmary and the Harvard Medical School.

Attention is called to the reports of the Pathological Laboratory, the Howe Laboratory of Ophthalmology and the Mosher Laboratory which show in detail the variety of interest and the extent of the work carried on here.

Dr. W. T. S. Thorndike, in charge of the Out-Patient Department, submits the following report:

"The appointment system is now in general use. The year has been unusually busy. There has been a slight increase in the number of treatments given. Each patient seems to present more of a problem than in years past and requires more attention (such as in rating, question of free x-rays and medicines).

"The Bronchoscopic Clinic has had additional instruments and a new sterilizer—total cost in the vicinity of $500. The clinic is held on Thursday afternoons and the average number of patients is from five to ten.

"The Eye Clinic has had a very busy year and it is now planned to hold classes in the afternoon for patients requiring special instructions, such as glaucoma and tumors of the orbit. This should relieve the morning work considerably.

"Following Dr. Messenger's resignation September 1, the Vision Room has been reorganized by his successor, Dr. Chisholm. On August 1, two young college graduates, Miss Lauricella and Miss Kettendorf, were appointed for a course in training as refractionists. They have proved good students and can now do work under supervision.

"In June temporary appointments were given two young men, Mr. Wood and Mr. March, trained as refractionists, with the understanding that they would carry on the work while the two young women were training. This has worked out very well.

"The Ear, Nose and Throat Clinics have been very busy. Dr. Harris P. Mosher, who so long has guided the policy of these clinics, retired in September. Dr. LeRoy A. Schall was appointed to succeed him.

"The Record Room has undergone considerable change. The old files were rearranged in the new vault under the entrance of the White Building. The change made room for files for the Unit Records.

"The doctors' reading room was made over. Cubicles were installed; the room was painted and some furniture added. Smoking is allowed. The room is now very attractive and has become popular with the Staff. Consequently, fewer records are taken from the Record Room to Staff members' offices and are therefore more promptly and easily available in the clinics.

"The introduction of the 'Red Folder' in the record system has given us a method of weeding out ineligible patients—e.g., when a case has been reviewed and found ineligible, the record is placed in a red folder. Then if the patient tries to return to the clinic the record goes to the Admitting Office and the patient automatically must be reviewed again. This system has been in use for the past two months and appears to be a success."

The dietary department now has two full time dietitians. The purchase of food, its preparation and serving to patients is now entirely the responsibility of this department. Selective menus for private patients instituted this year has proven most satisfactory.

We are again indebted to the Ladies' Visiting Committee not only for their continued interest in the welfare of the Infirmary but also for the tangible contributions in goods and money that they frequently make. This year they have supplied the salary for a part time assistant in Occupational Therapy. This department needs two people all the time and also better quarters which with the crowded condition of the building cannot be had.

The annual two day Alumni gathering with scientific meetings and a buffet luncheon in the Out-Patient Department, ending with a dinner at the University Club, is always a happy reunion. This year about 106 attended. Dr. Henry Hawkins presided. The speakers were Mr. Russell G. Fessenden, President of the Board, Mr. James Dean, Treasurer, Dr. Mosher, Dr. Verhoeff and Dr. Faxon.

Acknowledgment with thanks of the following gifts is made:

Radio sets from Mrs. Sargent and Mr. and Mrs. R. C. Curtis
A wood engraving of Florence Nightingale from Dr. and Mrs. Mosher
Instruments from the estate of Dr. Charles O. Day, a former graduate
Instruments used by Dr. Cahill, a former member of the Staff, from Mrs. Cahill
Toys from Mrs. Curtis
Money for Miss Wade's assistant, Mothers' Milk, and the Christmas Party from the Ladies' Visiting Committee

STAFF CHANGES

Appointments:

- Dr. LeRoy A. Schall—Chief of Otology and Laryngology
- Dr. Joshua Charles Drooker—Clinical Assistant in Oto-laryngology
- Dr. John G. Adams—Clinical Assistant in Oto-laryngology
- Dr. Harry K. Messenger—Assistant Surgeon in Ophthalmology
- Dr. Julian F. Chisholm, Jr.—Senior Clinical Assistant in Ophthalmology

Resignations:

- Dr. Juanita P. Johns—Clinical Assistant in Ophthalmology, February 20, 1939
- Dr. Charles D. Knowlton—Associate in Laryngology in Teaching, June 14, 1939
- Dr. Harris P. Mosher—Chief of Otology and Laryngology, September 1, 1939

Deaths:

- Dr. Algernon Coolidge, Consulting Surgeon in Otology and Laryngology, died August 16, 1939
  Consulting Aural Surgeon, 1928
- Dr. Harry P. Cahill, Surgeon in Oto-laryngology, died January 13, 1939
  Aural House Officer, 1914; Clinical Assistant, 1914; Assistant Surgeon, 1918; Associate Laryngologist, 1922; Associate Surgeon, 1925; Surgeon, 1929

Board of Managers:

- George Peabody Gardner, died June 6, 1939
  Member of the Board of Managers, 1887; President of the Board, 1927-1928
- Dr. George L. Tobey, Jr., appointed a Manager by the Commonwealth, 1939

The Eye and Ear Infirmary occupies a unique place among Boston hospitals and supplies in so far as it can with limited finances, a community need which it alone can adequately meet. Successful and satisfactory treatment of diseases of the eye and ear and to a lesser extent of the nose and throat requires not only specially trained physicians but also specially trained nurses and attendants and highly specialized equipment. Few hospitals in New England possess any of these and no other hospital in New England possesses them to the same degree as the Infirmary. Any one having an abnormal eye or ear condition, other than of the very simplest type, turns, whenever possible, to this Infirmary and its staff for help. Most of the ophthalmologists and aurists and many of the laryngologists of New England have received their training here. Most of the nurses competent to care for such cases have likewise been trained in the Infirmary.

Many of the patients who come to the Infirmary for aid are poor people. They pay as much as they can. The Infirmary is run economically, yet the operating deficit each year is over $100,000; this year it was $116,000. The total endowment is only $1,942,612, producing an income this year of $79,558. The Community Fund granted the Infirmary $22,000. Gifts and legacies for current expenses totaled $12,500, so that the net deficit for the year was $10,916. This had to be paid from the endowment fund, thus reducing this already meagre fund by this amount.

The Infirmary needs more nurses; nurses now work longer hours than are considered desirable for good care of patients. It needs more floor secretaries to help keep records, to receive calls, to perform the clerical duties and so to relieve nurses to care for patients. It needs more technicians to work in the laboratories which yearly are becoming more important in scientific medical work. It needs equipment for these laboratories, for routine examinations which increase with each advance in medicine and equipment, and technicians for research in order that advancement may be made. It needs new operating rooms because many improvements in operating room equipment and procedure have been made since these were built and furnished.

None of the needs can be met while the Infirmary is handicapped by a constantly recurring deficit which reduces its present inadequate endowment. No sum is too small, no sum too large to be used to advantage in helping to provide the means of restoring sight and hearing, to relieving cancer and other diseases of the throat of patients rich and poor, who come to this unusual hospital.

The present Infirmary endowment of $1,942,000 should be doubled or even tripled in order that it may properly carry on its work of relieving and preventing blindness and deafness. Here is an opportunity for worthwhile philanthropy. "Write the vision, and make it plain upon tables, that he may run that readeth it."

Respectfully submitted,

Nathaniel W. Faxon, M.D.,
Director.

	January 1, 1939 to January 1, 1940			January 1, 1938 to January 1, 1939		
SALARIES AND WAGES	Total	Infirmary	Out-Patient Dept.	Total	Infirmary	Out-Patient Dept.
Administration—Officers, Clerks, Messengers	$ 31,093.12	$ 23,634.07	$ 7,459.05	$ 30,838.11	$ 23,590.14	$ 7,247.97
Telephone	1,460.15	1,245.16	214.99	1,511.67	1,289.25	222.42
Dietary—Kitchen and Serving Room	17,926.73	17,742.74	183.99	17,653.41	17,471.67	181.74
Household and Property						
Housekeeping	2,569.02	2,569.02		2,560.80	2,560.80	
Cleaners and Maids	15,267.11	9,761.67	5,505.44	15,348.66	9,795.90	5,552.76
Laundry	6,024.22	6,024.22		6,128.76	6,128.76	
Maintenance and Repair	11,545.57	10,967.65	577.92	12,316.76	11,056.56	1,260.20
Store	2,116.80	2,116.80		2,111.25	2,111.25	
Professional Services						
Physicians and Surgeons	6,618.98	6,618.98		6,549.20	6,549.20	
Opticians	6,197.99		6,197.99	6,148.02		6,148.02
Refractionists	11,869.55		11,869.55	11,404.28		11,404.28
Nursing—Superintendent and Assistants	3,908.75	3,908.75		3,979.10	3,979.10	
Graduate Nurses	44,437.11	39,898.46	4,538.65	43,969.48	39,889.03	4,080.45
Post Graduates and Pupils	528.30	528.30		418.49	418.49	
Attendants and Ward Maids	14,455.77	14,455.77		14,557.20	14,557.20	
Orderlies	14,217.36	13,705.71	511.65	14,381.25	13,867.34	513.91
Nurses' Home, Maids and Matrons	2,802.21	2,802.21		2,813.66	2,813.66	
Medical Records and Library	11,947.76	6,191.14	5,756.62	11,417.59	5,599.16	5,818.43
Social Service	14,184.16	14,184.16		13,755.63	13,755.63	
X-Ray Operators and Clerks	7,739.44	7,739.44		7,687.66	7,687.66	
Laboratories	7,341.30	7,341.30		7,540.32	7,540.32	
Apothecary	4,195.84	1,648.01	2,547.83	4,094.45	1,772.40	2,322.05
Occupational Therapy, Kindergarten Workers	3,136.23	3,136.23		2,874.23	2,874.23	
Combined O. P. D. Adjustment for the year	839.31		839.31			
TOTAL	$240,744.16	$196,219.79	$ 44,524.37	$240,059.98	$195,307.75	$ 44,752.23
Special Nurses—Private	17,908.75	17,908.75		17,347.75	17,347.75	
Special Nurses—Wards	4,582.25	4,582.25		3,866.25	3,866.25	
TOTAL SALARIES AND WAGES	$263,235.16	$218,710.79	$ 44,524.37	$261,273.98	$216,521.75	$ 44,752.23
SUPPLIES						
Administration—Office, Telephone, Insurance	$ 15,423.98	$ 13,849.48	$ 1,574.50	$ 14,435.97	$ 12,968.08	$ 1,467.89
Dietary—Food	49,774.58	44,721.88	5,052.70	52,481.51	47,615.07	4,866.44
Other Expenses	1,313.89	1,313.89		834.75	834.75	
Household and Property						
Housekeeping	9,607.82	8,715.11	892.71	10,417.18	9,541.18	876.00
Laundry	1,887.80	1,628.72	259.08	1,643.06	1,387.05	256.01
Heat, Light, Power, Water—Hospital	20,283.65	15,616.90	4,666.75	21,084.62	16,435.90	4,648.72
Maintenance and Repairs	5,721.08	4,964.16	756.92	7,673.27	6,811.05	862.22
Professional Services						
Medical and Surgical Supplies	40,946.13	21,856.08	19,090.05	40,240.28	22,721.42	17,518.86

Optical Supplies	24,026.11		24,026.11	21,635.65		21,635.65
Medical Records	1,880.11	932.73	947.38	2,300.76	1,077.81	1,222.95
Social Service	2,909.94		2,909.94	3,024.36		3,024.36
X-Ray	4,790.71	4,790.71		5,347.92	5,347.92	
Laboratories	2,388.48	2,388.48		2,475.69	2,475.69	
Heat, Light, Power, Water—Nurses' Home	2,639.47	2,639.47		2,696.40	2,696.40	
Uniforms—House Officers, Attendants, etc.	686.81	327.09	359.72	929.90	545.58	384.32
Carrying Charge Out-Patient Department	14,630.40		14,630.40	14,630.40		14,630.40
Miscellaneous	1,981.37	1,981.37		1,053.42	1,053.42	
Combined O. P. D. Adjustment for the year	419.49		419.49			
TOTAL SUPPLIES	$200,472.84	$125,726.07	$ 74,746.77	$202,905.14	$131,511.32	$ 71,393.82

RECEIPTS

Board	Private Patients	$ 52,108.92	$ 52,108.92		$ 51,368.08	$ 51,368.08	
Operating Room	“ “	13,219.75	13,219.75		12,887.20	12,887.20	
X-Rays	“ “	1,748.50	1,748.50		1,820.00	1,820.00	
Miscellaneous	“ “	371.09	371.09		411.58	411.58	
Board	Ward Patients	97,253.58	97,253.58		96,309.93	96,309.93	
Operating Room	“ “	18,977.68	18,977.68		18,164.64	18,164.64	
X-Rays	“ “	15,478.68	4,931.88	$ 10,546.80	16,565.47	5,004.87	$ 11,560.60
Miscellaneous	“ “	327.00	327.00		413.80	413.80	
Admissions	Out-Patient Department	35,516.66		35,516.66	35,043.33		35,043.33
Refractions	“ “	10,299.20		10,299.20	10,320.19		10,320.19
Optical	“ “	55,192.49		55,192.49	56,409.64		56,409.64
Operating Rooms	“ “	2,128.50		2,128.50	1,769.30		1,769.30
Apothecary		18,462.67	2,144.57	16,318.10	17,421.25	1,461.74	15,959.51
Miscellaneous		7,656.48	4,601.12	3,055.36	6,055.16	3,235.27	2,819.89
Emergency Ward		2,400.83	2,400.83		2,270.05	2,270.05	
Clinical Records		561.30	447.14	114.16	595.19	479.16	116.03
Refund of 2% on O. P. D. Receipts to M. G. H. Adjustment for the year		2,335.99		2,335.99			
TOTAL		$329,367.34	$198,532.06	$130,835.28	$327,824.81	$193,826.32	$133,998.49
Special Nurses—Private		19,093.90	19,093.90		18,475.50	18,475.50	
Special Nurses—Wards		3,340.00	3,340.00		3,954.00	3,954.00	
TOTAL HOSPITAL RECEIPTS		$351,801.24	$220,965.96	$130,835.28	$350,254.31	$216,255.82	$133,998.49

SUMMARY 12 MONTHS

Salaries and Wages	$263,235.16	$261,273.98
Supplies	200,472.84	202,905.14
Total Maintenance Expenses	463,708.00	464,179.12
Extraordinary Expenses	245.21	0.00
Total Hospital Expenses	463,953.21	464,179.12
Total Hospital Receipts	351,801.24	350,254.31

REPORT OF THE DIRECTOR

STATISTICS

January 1, 1939 to January 1, 1940

House Patients

Number of patients:	In Ward Jan. 1, 1939	Admitted	Treated	Remaining Dec. 31, 1939
Public Wards:				
Eye	57	2,254	2,311	65
Ear	15	461	476	19
Nose and Throat	24	3,031	3,055	15
Total	96	5,746	5,842	99
Private Ward:				
Eye	13	778	791	11
Ear	1	73	74	1
Nose and Throat	6	779	785	8
Total	20	1,630	1,650	20
Total Public and Private Wards 1939	116	7,376	7,492	119
Total Public and Private Wards 1938	135	7,332	7,467	116

	1939	1938
Average number of patients treated daily in Public Wards	119	119
Average number of patients treated daily in Private Ward	28	27
Average number of days patients remained in Hospital	7	7
*Number of days board furnished free Public Wards	15,328	15,631
*Number of days board paid at full rate Public Wards	28,189	27,915
Number of days board paid in Private Ward	10,391	10,001
Total number of patients' days	53,908	53,547

Operations

		1939	1938
Public Ward:	Eye	2,278	2,152
	Ear, Nose and Throat	3,493	3,763
Private Ward:	Eye	767	750
	Ear, Nose and Throat	706	713
	Total	7,244	7,378

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*These figures are obtained by taking the amount of money received for board of patients in the public wards and dividing that figure by the full rate of board prevalent at that time. This gives the number of paying patients, reckoned as though they were paying full rates. By subtracting this figure from the total of patients' days we get the number of free days.

Per Capita Costs and Receipts

	1939	1938
Costs:		
Per week, including special nurses, Public and Private Wards	$42.56	$43.75
Per week, not including special nurses, Public and Private Wards	39.62	40.98
Per day, including special nurses, Public and Private Wards	6.08	6.25
Per day, not including special nurses, Public and Private Wards	5.66	5.85
Of food all persons	.40	.43
Receipts per day:		
Including special nurses, Public Wards	3.06	2.98
Not including special nurses, Public Wards	2.98	2.89
Including special nurses, Private Ward	8.33	8.50
Not including special nurses, Private Ward	6.49	6.65
Including special nurses, Public and Private Wards	4.07	4.02
Not including special nurses, Public and Private Wards	3.66	3.60
On board only, Public Wards	2.23	2.21
On board only, Private Ward	5.01	5.14
On special fees, Public Wards, excluding board and special nurses	.78	.68
On special fees, Private Ward, excluding board and special nurses	1.48	1.51

Public Ward patients were admitted at the following rates: 4 at $35.00; 78 at $28.00; 27 at $24.50; 3821 at $24.00; 58 at $21.00; 6 at $20.00; 3 at $18.00; 29 at $15.00; 3 at $14.00; 209 at $12.00; 20 at $10.50; 600 at less than $10.50; 888 at Free.

Private Ward patients were admitted at the following rates: 3 at $63.00; 456 at $49.00; 8 at $42.00; 39 at $35.00; 1124 at $28.00.

Condition of Public Ward Patients on Discharge

			1939	1938
Untreated			3	0
Against advice			11	18
Died			29	19
Otherwise discharged			5,700	5,713
Patients' days treatment:				
(Reckoned from discharge payments)	1939	1938		
Paying patients	41%	41%	17,871	17,808
Part paying patients	34%	35%	14,540	15,281
Free patients	25%	24%	10,696	10,658
Total			43,107	43,747

Beds:	Public... 189	Private... 42	Total 231
Occupied 1939	63%	67%	
Occupied 1938	63%	65%	

OUT-PATIENT DEPARTMENT

	New Patients	Revisits	Total Visits
Eye	8,761	46,527	55,288
Ear	3,451	23,455	26,906
Nose and Throat	2,849	15,818	18,667
Total 1939	15,061	85,800	100,861
1938	16,276	84,189	100,465

	1939	1938
Daily average	335	333
Patients treated in Emergency Ward	3,236	3,132
Percentage of free visits reckoned from total number of free visits Massachusetts General Hospital and Massachusetts Eye and Ear Infirmary combined Out-Patient Department	38%	39½%

INVENTORIES

Store-Room Inventory:	Jan. 1, 1940	Jan. 1, 1939
General Administration	$ 1,507.50	$ 1,494.82
Housekeeping and Kitchen	2,327.50	2,319.45
Canned Goods, Groceries, etc.	1,427.42	511.90
Medical and Surgical	496.86	572.19
X-Ray Department	191.99	202.35
Maintenance Supplies	121.56	145.21
Optical Department Inventory	7,938.93	5,987.60
Total	$12,011.76	$11,233.52

REPORT OF THE WORK OF THE GARDNER BUILDING

January 1, 1939 to January 1, 1940

During the past year 304 patients were treated in the Gardner Building. Of these 125 were treated on the ear, nose and throat service, the greater number for acute infectious diseases. On the eye service 179 patients were treated.

Of the 179 eye patients, 23 were treated for trachoma; 8 babies with gonorrheal ophthalmia neonatorum; 52 babies with non-gonorrheal ophthalmia neonatorum; 3 adults with gonorrheal conjunctivitis; 28 adults with non-gonorrheal conjunctivitis. Of the 60 babies, only 2 babies left the Infirmary with permanently impaired vision, and the corneae became involved after admission. Of the 31 adults, 2 left the Infirmary with corneal scars, and had permanently impaired vision. The remaining 65 were treated for other infectious diseases of the eyes, eye-lids and adnexa.

Thirty patients were transferred to Gardner Building with erysipelas and other infectious diseases which manifested themselves in the general wards of the Infirmary.

REPORT OF THE NURSING DEPARTMENT

Census of the Nursing Personnel:

Assistant to Superintendent of Nurses	1
Supervisor	1
Instructor	1
Night Supervisor	1
Assistant Night Supervisor	1
Operating Room Supervisor	1
Operating Room Head Nurses	5
Chief Nurse Anesthetist	1
Assistant Nurse Anesthetist	2
Ward Head Nurses	6
Out-Patient Department Head Nurses	3
Out-Patient Department Refraction Nurses	1
Assistant Head Nurses on Ward	5
General duty graduates, day and night	17
Post-Graduate student nurses	3
Affiliated student nurses	12
Total	61
Attendants	20
Orderlies	16

As the daily average number of students in the School of Nursing, approximately fourteen, is small, one is surprised that the yearly average who receive certificates is large. This is because the course is of only two months duration. Seventy-one student nurses from affiliating schools and sixteen graduates, a total of eighty-seven, received certificates during the year just completed. There have been no changes in the affiliations. The Massachusetts General Hospital School sent 42 students, the Melrose Hospital sent 16, the Quincy Hospital and the New England Deaconess Hospital each sent 6. One student from the Chelsea Memorial Hospital especially requested this affiliation and came by special arrangement.

It is interesting to know the varied home institutions from which the post-graduates came and the different types of positions to which they went. They prepared for work as industrial nurse for the Central Railway in Atlanta, operating supervisor at Hahnemann Hospital in Philadelphia, Staff nurse in one of the hospitals of the Mayo group in Rochester, Minnesota, assistant head nurse in the operating room at the Salem Hospital, school nurse in Lynn, member of the nursing staff of the New York St. Luke's Building for Care of Contagious Diseases, and one came to further prepare herself for work as a private duty nurse. Three of these young women came from as far away as Georgia, Winnipeg and Minnesota. This listing indicates the wide area served and something of the extent of the contribution which a rather small school makes to the preparation of young women for the nursing care of patients ill with diseases of the eye, ear, nose and throat.

Miss Scherer, instructor, attended summer school at Boston University and with Miss Stewart, head nurse, has taken college courses through the Spring and Fall semesters. Four other graduates have taken what might be called "refresher" courses by auditing Miss Scherer's classes given to the students. Several members of the group have attended the Staff Education classes given at the Massachusetts General Hospital.

The nature of the care of the patients at the Infirmary is such that much of it can be given satisfactorily by a group of attendants. Among this group of twenty are a number of faithful, conscientious and efficient workers. They are a stable group. One, Miss Raymond, has given valued service for twenty years; two others have served for ten years; another eight years; and several for four or five years.

The Infirmary and the School have many good friends; perhaps the most constant ones are the members of the Ladies' Visiting Committee and Doctor and Mrs. Mosher. These women of the Committee provided such extras as newspapers and magazines and they kept the piano in repair. Doctor and Mrs. Mosher gave additional class-room chairs, a model for teaching, money for the Christmas party and a wood-engraving of Florence Nightingale with Miss Nightingale's signature.

In February the use of selected menus was begun on the Private Floor and in October the dietetic department assumed the major responsibility of serving the food to the patients on the second and third floors. The nurses share the responsibility of seeing that the patients are properly fed. Food, including its serving, is an important part of the daily life of those who are well and is an especially important part of the daily life of those who are ill.

The needs of the School to a very large extent coincide with the needs of the nursing staff. As the bed capacity of a floor is large, the distance great, the amount of recording considerable, secretaries for the second and third floors are among our greatest needs. There is also a need of three additional graduate nurses in order that the night nurses may be on shorter and more satisfactory schedule.

The night period is now from 7:00 P.M. to 7:00 A.M. with two hours off plus one-half hour for midnight meal and a few minutes for morning coffee. The desirable period for night nurses is eight hours, from 11:00 P.M. to 7:00 A.M.

Respectfully submitted,

Sally Johnson, R.N.
Superintendent of Nurses.

REPORT OF THE MEDICAL SOCIAL SERVICE DEPARTMENT

The year 1939 has brought some interesting new responsibilities to the Social Service Department.

Eye Service. Three developments should be reported:

1. *The Glaucoma Class.* Stimulated by Dr. Waite and modelled somewhat on the same lines as Dr. Joslin's well-known class for diabetics at the New England Deaconess Hospital, a weekly class for glaucoma patients has been started. From the active list which numbers over 1,000, successive groups of about 25 patients are invited with their families. We have also had visitors not only from the hospital but from the Divisions of the Blind of Massachusetts and New Hampshire, and a lady almoner (medical social worker), from Melbourne, Australia. The patients have responded with enthusiasm and the ophthalmic staff, who are taking turns in instructing them, must feel rewarded by the close attention and expressions of appreciation which they receive. Dr. Sullivan is in general charge of the class. The social worker arranges the details of the meetings. The social implications of this disease, and especially the part played by anxiety and emotional strain in aggravating the condition, have been stressed by all the speakers. This emphasis will result, we believe, in the patients turning increasingly to the social worker for help in meeting their problems. This is as it should be, except that there is only one social worker for 1,069 patients. She needs an assistant. The daily clinic attendance is larger than ever before even though the total list is somewhat smaller than last year. Certain new responsibilities, moreover, have come to the glaucoma worker in connection with a research project which is being undertaken by one of the staff men.

2. *Eye Tumor Clinic.* Dr. Terry, who is in charge of this clinic, has asked for the services of a social worker. Since this group of patients often presents serious social problems on account of the grave nature of the condition, we see an unusual opportunity and

have responded enthusiastically. Miss Midelfart has been assigned to this clinic and has 60 patients already on the active list with the expectation of locating at least as many more from the pathological laboratory lists. The yearly number of new patients is now small but may be expected to increase as more patients accumulate and as the special services of the clinic become known. The doctors state that the follow-up must be continued at least 10 years. To add this work to the department inevitably means cutting down or doing more superficial work in other areas. We hope that Dr. Terry's efforts toward obtaining some outside financial support will meet with success and that possible benefactors may be found, who, to quote from a report of the Trustees of the Massachusetts General Hospital cited in Dr. Washburn's History, "will recognize that by giving to medical research in close proximity to the patients, they are promoting knowledge,— the basis of both prevention and cure of human suffering."

3. *Ward Patients with Separation of Retina.* In January 1939 one of the eye surgeons suggested that here was a group of patients who needed social service,— 1) because the best results of operation depend on the proper safeguards and restricted activity for a few weeks after patient leaves the hospital; 2) many patients, even when operation is successful, have marked loss of sight and need help in adjusting to this handicap. Fifty-two patients admitted to the wards were chosen for study. In many instances the social worker was aware that the home conditions were not conducive to the kind of restricted activity outlined by the doctor. In some instances, too, the patients did not appear to understand that any restrictions were necessary. It is, perhaps, too early to know the actual percentage of success with these 1939 ward patients. We know that sight is saved through operation many times. The social worker, however, is impressed by statements from ophthalmologists that results for private patients are decidedly better than for ward patients. Why is this? Discussion of our preliminary study with Dr. Chandler, who is on the Social Service Advisory Committee, leads us to think that in our group of patients the two factors mentioned, the lack of understanding and inability to fol-

low restricted regime at home, play a part in this discrepancy. This is a medical social challenge which we hope to take up in 1940.

The number of patients referred from diagnostic groups formerly requiring special workers because of the high incidence of the disease, for example Interstitial Keratitis, Phlyctenular Disease, Ophthalmia of the newborn, continues to decrease. This, however, does not mean smaller case loads because there are as many patients as ever coming to the Infirmary who need help from the social worker in adjusting to serious eye conditions. Over 70 different eye diagnoses and over 45 ear, nose and throat diagnoses, appear on the list of patients referred to the department this past year. The estimated number of patients receiving some social service is 3950.

Ear Service. The work started by Dr. Meltzer for otosclerotic patients has been of special interest in relation to the problems of deafness in adults. The social worker has assisted in securing suitable patients for treatment, in interpreting the plan of treatment and in arranging return to the clinic. Cooperation with the Boston and other guilds for the hard of hearing and the Sarah Fuller Foundation has continued. The Boston Guild has generously loaned second hand hearing aids to many of our patients and accepted others for free lip reading instruction where the patient could not afford to pay. They have also rendered specialized service in several cases where patients were badly adjusted to their handicap. During the summer a Master student from Simmons College School of Social Work was with the department gathering material for a thesis on the use of hearing aids and lip reading instruction. Information regarding 50 patients was secured and the data when completed should prove valuable.

Teaching Responsibilities. A week's institute was held in May for 18 Master students from Simmons College specializing in the medical social course. Members of the Ophthalmic Staff participated as well as the Social Service Staff. We have also had one

Master student for a four-month period of field work training in general medical social work.

We wish to thank the Ladies' Visiting Committee for their continued interest and support. Mrs. Snow, serving as secretary of the Advisory Committee, has been especially helpful.

The Statistical Report follows:—

Number of patients interviewed in regard to glasses		1,170
Number of glasses secured through Social Service, including 24 glass eyes		869
Cost of glasses and eyes		$3,747.94
Social Service paid: Special Glass Fund Permanent Charity Fund Benton Fund Boston Delta Gamma Alumnae	$1,808.65	
Patients paid	733.25	
Other social agencies paid	307.60	
Community Federation	898.44	
Number of patients who paid part or total cost of glasses		341
Other medical relief expenditures (convalescent care, transportation, half cost one hearing aid, 2 artificial larynges, etc.)		435.11
Total medical relief		$4,183.05
Patients referred to Divisions of the Blind		162
Patients on active glaucoma follow-up list		1,069
Children with hearing loss reported to the schools		491
Children followed because of ear conditions		522
Adults with hearing loss reported to guilds for the hard of hearing		109

Respectfully admitted,

Helen J. Almy,
Director of Social Service.

REPORT OF THE DIETARY DEPARTMENT

The Dietary Department experienced many changes in its procedure during the year 1939. On February 22nd printed menus, from which the patients can select the food they desire, were instituted on the Private Floor. This system has been found to be very satisfactory.

On October 17th the part time Assistant Dietitian became a full time Assistant Dietitian. Instead of having the student dietitian for the regular three weeks' period we now have two students for a period of five weeks each. While here they each spend ten hours receiving instructions on formula making in the Massachusetts General Hospital formula room. The above changes made it possible for the Dietary Department to take over the service of the food on the Second and Third Floors. After January 1st we hope to be able to take charge of the food service of the Private Floor.

On January 11th the Infirmary held "Open House." After a tour of the hospital, the Dietary Department, assisted by the Ladies' Visiting Committee, served tea, sandwiches and cakes.

On November 15th a Buffet Luncheon was served to 150 guests at the House Officers' Alumni Reunion in the Ear Clinic.

The long wooden table in the hall outside of the Nurses' Dining Room has been replaced by a stainless steel topped table. The deep fat fryers in the kitchen have been replaced by two automatic fryers. We hope that during the coming year some kind friend will make it possible for us to have a much-needed gas toaster for the Third Floor and Coffee and Tea Urns for the main kitchen which supplies beverages to the patients and employees.

The number of special diets served during the year 1939 was 6,200, a daily average of 17 and including over 51 types, the majority of which were low residue and diabetic diets. This was an increase of 926 diets over last year. Individual dietary instruction and discharge diets were given when necessary.

Respectfully submitted,

Vera C. Marquis,
Dietitian.

REPORT OF THE OCCUPATIONAL THERAPY DEPARTMENT

The year 1939 has brought no marked changes in the policies of this department.

We have concentrated especially on the patients with Separated Retina of which there have been a greater number referred to us than heretofore. The best results can be obtained when occupational therapy is prescribed immediately following admission to the ward so that touch training can be started prior to the operation. Thus we are better able to help the patient to become adjusted to the long period of enforced immobility in bed with both eyes covered which is a necessary part of the complete treatment. It has been definitely proven that sleep at night is accomplished without the aid of sedatives if the patient has a definite means of becoming physically tired from some forearm exercise such as that involved in the making of leather belts or knotting.

The many cases which are referred post-operatively are helped over the long period of from fourteen to twenty-one days in a supine position with no head motion allowed, and the uncertainty of the final outcome, by the daily visits of the therapist with graded crafts to develop the latent sense of touch. Then, if the final result is not of the best, the patient is in an excellent and more receptive condition for the learning of Braille. This may be started while in the hospital if the patient requests it.

For the greater part of the year the department has been augmented by having a part-time assistant to take over the details of the Patients' Library. This has been a great aid in that the therapist can better reach and help a far greater number of patients who need occupational therapy. We are deeply indebted to the Ladies' Visiting Committee for this.

The first two library assistants were not trained but possessed such attractive personalities that they were beloved by all. In

November the Ladies' Visiting Committee voted to provide a sufficient salary to secure a Registered Occupational Therapist for this position. Mrs. Nancy Pushee Goodale, a former student here and graduate of the Boston School of Occupational Therapy, came to us on November sixth to work three days a week for a period of six months.

With this addition to the personnel of one (therapist) and three volunteers each for a half day a week, we feel better equipped to try to meet the increasing demands upon us from all sides. One of the volunteers, Mrs. Miriam Manning, has done a superb piece of work on the re-organizing of the design file and is deserving of special mention for her faithful perseverance.

The statistical report follows:

	1939	1938
Total patients for the year	873	283
Daily average patients seen	18.41	9.19
Total number library visits	2,387	1,610
Average number library visits monthly	199	129.3
Total volumes circulated	5,456	4,118

Respectfully submitted,

HELEN K. WADE, O.T. Reg.,
Occupational Therapist.

REPORT OF THE PATHOLOGICAL LABORATORY

The volume of work in the pathology laboratory has increased materially. Four hundred and sixty-five specimens were received during the past year. Such a large proportion of these came in during the summer that it was necessary temporarily to obtain the aid of an additional technician. Among the specimens submitted, forty were malignant melanomas and of these an unusually large number, eleven, invaded or started in the iris. There was a considerable increase in the number of retinoblastomas, ten having been diagnosed this year. One specimen of leukemic retinitis was obtained. A specimen of Niemann-Pick's disease is another valuable addition. Interest in the embryological development of the eye has continued as evidenced by the fact that over twenty specimens have been added to the collection this year. It is hoped that there will be time to prepare microscopic sections from these during the ensuing year.

The instruction of house officers has continued. The program is similar to that followed in past years except that house officers now have notes available to facilitate the study of histology and embryology as well as pathology of the eye. Each of the externs has contributed to the work of the laboratory and to the instruction of succeeding externs by working on the histology, embryology and pathology notes and by preparing models. Special mention should be made of the model of the ciliary body and crystalline lens system prepared by Dr. Twitchell.

Dr. Mattis with Dr. Terry designed and made a posterior transilluminator using the plastic, methyl methacrylate. This instrument has proved of practical value in differentiating malignant melanomata from other conditions. Dr. Mattis devised a pressure chamber to be used in investigating the effect in the eye of changes in the external pressure. Investigative work made possible by this chamber is being continued. Dr. Mattis did considerable ground work in preparation for an animated cartoon of the development of the retina.

Dr. Chisholm has continued his investigation of the lymphatics of the orbit. Experimental work on epithelization of the anterior chamber has continued. A preliminary report of this work by Dr. Terry, Dr. Chisholm, and Dr. Schonberg was read before the Association for Research in Ophthalmology and has been published in the *American Journal of Ophthalmology*. A more complete report is being prepared on further experimental work.

From pathological specimens Dr. Chisholm has obtained molds of the cornea which preserve the gross deformity in plaster casts while the specimen itself can be sectioned for microscopic study. He has been able to obtain molds of the cornea before and after the pressure treatment devised by Dr. Terry as a means of reducing conical cornea. These molds establish permanent records of the gratifying results obtained.

Dr. Chisholm has completed the second follow-up of the group of patients with malignant melanomas originally reported on by Terry and Johns. Dr. Terry has published a paper on the problems in diagnosis of malignant melanoma based on pathological material. Another paper on extension of malignant melanoma into the optic nerve is in press. The establishment of an Eye Tumor Clinic has facilitated greatly the laboratory study of malignant melanoma of the uvea by providing close correlation between clinical and pathological findings in patients who can be called in for study in the Out-Patient Department. Only through correlation of this type is it possible to evaluate with any degree of accuracy the importance of various details of study such as cell type of tumor, amount of pigment, lymphocytic infiltration, evidence of incomplete removal where the tumor has extended outside the globe, and many other factors. The Eye Tumor Clinic makes the pathological work on tumors of the eye of real importance to the individual patient. The enthusiastic support of the Social Service Department and of Miss Helen Midelfart, who has been assigned to this work, has contributed largely to the success of the project. Funds are urgently needed to carry the work to its ultimate goal. Even though the number of new patients each year is relatively small, the follow-up in several years would include a large number since it is evident from past studies on malignant melanoma that the usual follow-up for five years in cancer work in general is literally not half long enough.

During the summer Dr. W. C. Gray of London, England, did some of his investigative work on diabetic retinitis in this laboratory. No publication can be made until Dr. Gray is relieved from his duties with the British armed forces.

The work of organizing the pathological material on glaucoma has continued. Dr. Terry used some of this material in conducting a course in the pathology of glaucoma at the October meeting of the American Academy of Ophthalmology and Oto-Laryngology in Chicago.

The establishment of the Tuesday morning Staff Conference has made possible the correlation of pathological studies of tissue with the clinical findings for the benefit of the Staff as a whole.

Theodore L. Terry, M.D.,
Pathologist.

REPORT OF THE HOWE LABORATORY OF OPHTHALMOLOGY

Dr. King has continued his work on the diagnostic and therapeutic use of tuberculin in chronic ocular disease. Quantitative tuberculin tests have now been completed on over 1,700 patients. Tuberculin therapy has been given to 275 patients, many of whom have been followed for a period of from five to eight years. A report summarizing the results of this work on ocular tuberculosis will soon be ready for publication.

Special investigations are being continued on certain chronic ocular diseases occurring in patients who are non-allergic to tuberculo-protein. One paper reporting seven cases of ocular sarcoid has gone to press, and another paper including four additional cases has been prepared.

Chemical and metabolic investigations are being made on patients with degenerative and hemorrhagic ocular conditions of unknown etiology.

The chick embryo technique of cultivating virus is now being treated as a major investigative problem by Dr. King.

Dr. Gundersen is studying in detail a family with so-called choroideremia (a poorly defined disease) in which cases have been found in three generations. It is believed that this disease is really a form of retinitis pigmentosa and hence is entirely different from true choroideremia. A complete analysis is being made of almost 100 cases of herpes zoster ophthalmicus, in 23 of which immunotransfusions have been employed in treatment.

The study of the chemical composition of tears is being continued with the assistance of Dr. John Talbot.

Dr. Gundersen and Dr. Burger have had under observation, for over a year, animals in which auto-transplantations of corneal tissue have been made. It is hoped that these experiments will give more information about the source of nourishment of the corneal epithelium.

Dr. Gundersen is preparing a report on "Cilium Lodged in the Tear Sac as a Cause of Acute Dacryocystitis."

In January 1939, Dr. Gundersen was the guest speaker at the New York State Medical Society meeting. He also gave at the American Academy of Ophthalmology and Oto-Laryngology a course on the vascular lesions of the cornea.

During June and July, Dr. Gundersen was in Europe and spent considerable time at the eye clinics of the Scandinavian countries.

Dr. Ludvigh has prepared for publication the fourth paper of the series on the absorption of light by the refractive media of the human eye. A considerable portion of his time during the past year has been occupied with the writing of a book entitled "Introduction to Ophthalmic Optics." This work was undertaken at the suggestion of Dr. Waite, who is kindly arranging for its publication in book form. Dr. Ludvigh has also written a portion of a second book to be entitled "Introduction to Visual Physiology." It is hoped that these two books will constitute a fundamental basis for the advanced study of physiological optics, especially by ophthalmologists.

Experimental investigation of the relationship between temporal and spatial intensity discrimination ability has been continued and the interesting conclusion reached that, in the normal human eye, these functions are relatively independent of one another. Work is continuing for the purpose, among others, of ascertaining which of these functions is the more seriously affected in "amblyopia exanopsia." In this research work Dr. Ludvigh has had the valuable assistance of Miss Nottage.

Dr. Cogan has completed a paper on "Recovery from Color Fatigue of the Peripheral Retina." In this work he was assisted by Mrs. Cogan. He has also written two other papers: (1) "Medical Progress in Ophthalmology," which was published in the *New*

England Journal of Medicine, and (2) "Ocular Tetanus and the Prophylactic Use of Antitoxin," which appeared in the *American Journal of Ophthalmology,* December, 1939.

In the course of his investigations on the relation of volume to intraocular pressure, an incidental observation was made which led to the production of experimental bullous keratitis, a preliminary report of which is to appear shortly in *The Archives of Ophthalmology.*

Dr. Cogan has also made investigations on the relationship of optico-kinetic nystagmus to certain neurological disorders, and on the effect of massage upon the pre-glaucomatous eye. The results of these investigations may be reported at a later date.

He has made observations on certain peculiarities of the ocular movements in the waltzing guinea pig, and expects to investigate this subject more fully in the near future.

A considerable amount of time has been spent by Dr. Cogan and Dr. Ludvigh, as well as by Dr. King and Dr. Gundersen, in post-graduate teaching, particularly in the Ten Weeks Course in Fundamental Sciences of Ophthalmology.

Dr. Clarke has been investigating the relative merits of several drugs in the treatment of acute and chronic glaucoma. Gonioscopic examinations are being made in an attempt to correlate the changes found at the filtration angle with the type and progress of glaucoma. The work has been supported by a grant from the John and Mary Markle Foundation.

Dr. Messenger has continued his compilation of source material for a history of ophthalmological literature. He has also devoted a considerable amount of time during the past year to the collection of historical books for the Howe Library. This work has been made possible by the generous contribution of a fund by Mrs. Lucien Howe.

Dr. Keeler has resigned from the Staff of the Howe Laboratory to accept in Philadelphia a position which will enable him to broaden the range of his investigations. He has been connected with this Laboratory since its inception, and while here has extensively contributed to the science of genetics as related ophthalmology.

Dr. Verhoeff has continued his investigations relating to binocular vision and has published his new method for measuring hyperphoria. In his paper on this subject he gave comprehensive and precise definitions of binocular fixation and heterophoria, neither of which had previously been adequately defined. In his clinicopathological investigations he has recently discovered that leptotrichosis conjunctivae (Parinaud's conjunctivitis) can occur without glandular involvement, a fact hitherto not even suspected. He is now investigating tuberculous obstruction of the central retinal vein, conjunctival tuberculosis, the histology of hereditary corneal dystrophy, and hemorrhagic glaucoma.

The attendance in the Lucien Howe Library of Ophthalmology for the past year was 7,599. 31 bound periodicals, 20 books, and 17 pamphlets were added during the year, making a total of 1,861 bound periodicals, 871 books and 2,431 pamphlets in the library. The number of books, journals and pamphlets loaned during the year was 986. The library now subscribes to 35 periodicals.

Frederick H. Verhoeff, M.D.,
Director.

REPORT OF THE DEPARTMENT OF OPHTHALMOLOGY

The volume of clinical work in house and out-patient approximated that of last year, and was adjusted by appointment to the handling capacity of the visiting staff.

The perimetry room served 250 patients per month under the efficient direction of Dr. Garrett L. Sullivan, who has organized this service for the mutual benefit of the departments of ophthalmology and oto-laryngology of the Infirmary, and the departments of neurology, neuro-surgery, and medicine of the Massachusetts General Hospital. Each ophthalmic resident of the Infirmary before entering upon his senior house service spends mornings for three months in the perimetry room deriving instruction and the skill which comes from performance in perimetry and its interpretation.

The refraction room served 1,228 patients per month during the year, in spite of numerous changes in the junior staff. On October first the direction of the room passed from Dr. Harry K. Messenger to Dr. Julian F. Chisholm, Jr. Accomplishing excellent results in the teaching of refraction during his five-year tenure, and now assembling his methods of teaching refraction in available text book form, Dr. Messenger relinquishes this work in order to intensify upon the growth problems of the Howe Library of Ophthalmology, which is being so generously and enthusiastically sponsored by Mrs. Lucien Howe, and which is yearly increasing its sphere of usefulness to the ophthalmology and medicine of New England and America.

The retirement of Dr. Edward K. Ellis brings to a close thirty-five years of continuous and distinguished service at the Infirmary. Graduating from the ophthalmic residency here in 1905, Dr. Ellis won promotions through the various grades to reach his present rank of Senior Ophthalmic Surgeon. The staff wishes to express appreciation of his devoted service and hope that his counsel as consultant may continue to be available.

For the sake of more effective control of impaired sight in the 1,300 glaucoma patients attached to our clinics, and to reach the potential candidates for glaucoma among the lay public, a "glaucoma class" has been organized by the staff with the able help of Miss Helen Almy and Miss Janet Gorton. The first class of its kind, the "glaucoma class" has already demonstrated its worth here and its promise wherever glaucoma is a problem. The main purpose of the class is educational, so that the patient may intelligently and hence more effectively cooperate with the ophthalmologist in his attempt to prevent irremediable inroads upon the vision and the visual field. Attendance is by invitation, and includes glaucoma patients under treatment in the house, ambulatory glaucoma patients from the clinics, and members of the patient's family, and friends. Each session starts with a non-technical discussion by a staff member of the factors concerned in the diagnosis and treatment of glaucoma, the verbal exposition being amplified by models and diagrams. Then follows a question period wherein free participation is invited. Attendance is limited to thirty to promote this latter goal.

To meet the increasing standards for certification by the American Board of Ophthalmology of qualification to practice ophthalmology, the department has tried to work out more effective methods of graduate ophthalmic teaching. The great value of a compulsory externship involving three months' study of the fundamental sciences relating to ophthalmology as a prerequisite to the clinical internship in ophthalmology suggested the adoption of a similar plan in the teaching of graduates. Such a course, numbered 488 in the Harvard Courses for Graduates, was adopted last year as a key course to be successfully completed before a candidate would be acceptable for graduate instruction in clinical ophthalmology. The success of this course, twice given, has been gratifying, and we have already an applicant list four times as large as we can handle.

The Infirmary has responsibility not only for adequate care of its patients, but also for adequate instruction of its resident staff. During the past fifteen years many schemes have been tested for improved instruction of the resident staff, and methods found valuable have been retained:

1. An externship of three months, devoted solely to the study of fundamental sciences relating to ophthalmology.
2. An annual series of lectures and laboratory demonstrations in physiological optics by Dr. Elek Ludvigh.
3. Continuous instruction in refraction, perimetry and clinical ophthalmology throughout the internship by members of the visiting staff.
4. Participation in the weekly clinico-pathological eye staff conferences, and in the recently organized glaucoma class to instruct the lay public.

Other ventures which appear promising and which have the approval of the Board of Managers of the Infirmary will be tried out during the coming year:

5. Between the junior and the senior service, each ophthalmic resident will spend three months in the wards of the Massachusetts General Hospital to secure first-hand contacts in the overlapping fields of neurology, neuro-surgery, and internal medicine.
6. An exchange relationship available for graduates of the Northwestern University eye internship and this Infirmary wherein the candidate approved by the respective chief of staff will be given the opportunity to study in the reciprocating institution. The first incumbent comes from Chicago, and he will begin his studies here in June of 1940.

J. Herbert Waite, M.D.,
Chief of Ophthalmology.

REPORT OF THE DEPARTMENT OF OTO-LARYNGOLOGY

During the past year the regular routine in the Out-Patient Clinics and in the House has changed but little. The unit system of keeping records has worked to great advantage, both to the patient and to the Staff. By having the records in the clinic when the patient arrives eliminates delay and permits the Staff to accomplish their duties more promptly.

The Staff regrets to announce the resignation of Dr. Harris P. Mosher. His services to the hospital extend over a period of thirty-three years, the last fourteen as Chief of Oto-Laryngology. Through his leadership, his keen intellect, and unlimited energy, the Infirmary has reached a most enviable position in the scientific world. Last Spring, Wayne University honored Dr. Mosher by conferring upon him the Degree of LL.D. In December, Dr. Mosher delivered the "Mullin Lecture" in Cleveland.

The resignations of Dr. William I. Wiggin and Dr. Charles D. Knowlton were also accepted with deep regret. Both Dr. Wiggin and Dr. Knowlton served the Infirmary faithfully and well for many years.

In the re-arrangement of Services, Dr. M. H. Lurie was promoted to Surgeon, Dr. E. W. Herman assigned as Surgeon to the Tumor Clinic; Drs. Fred, Goodale, Evans, Weille, Mysel and Johnson became Associate Surgeons.

The Wednesday Staff meetings continue to be well attended. The arrangement of the Laboratory had to be changed to accommodate the increased audience. Many of the cases presented have been unusual and of extreme interest. The frank constructive discussion of these cases makes this meeting unique.

The Staff continues to be in demand as teachers and for the presentation of papers before medical societies. At the meeting of the American Academy of Ophthalmology and Oto-Laryngology in Chicago, Drs. H. P. Mosher, L. A. Schall, A. S. Macmillan, J. R. Richardson and W. Mueller gave instructional courses. In all, twenty-three scientific papers have been presented by the Oto-Laryngological Staff. Dr. Schall was guest speaker before the Pacific Coast Society of Ophthalmology and Oto-Larnygology, Dr. M. H. Lurie addressed the American Acoustical Society, Dr. H. G. Tobey, the American Otologic, Rhinologic, and Laryngological Society; Dr. C. T. Porter, the American Laryngological Society and the Pittsburg Otological Society, while Dr. V. H. Kazanjian was guest speaker before "The Golden Gate Dental Society" in San Francisco.

The research work continues. Dr. Lurie is working on the problem of inherited deafness in animals, as well as studying the effects of supersonic sounds on the ear. Dr. Meltzer is studying the healing of bone, attempting to determine the factors causing failure in the fenestration operation for the improvement of hearing. Dr. D. P. Cordray is working on the problem of peanut bronchitis, while Dr. C. M. Kos has continued his studies on osteomyelitis of the frontal bone.

The work in the laboratory has been staggering—2,439 cultures, 2,628 blood studies, 515 tissue sections, in addition to 50 research animals from which over 6,000 sections were cut and studied. Mrs. Hawkins has proved of utmost value, and her work with special staining methods in the study of middle ear sections is outstanding. The curator of the Army Medical Museum detailed one of his technicians for duty at our laboratory to learn the staining technique.

Respectfully submitted,

LeRoy A. Schall, M.D.,
Chief of Otology and Laryngology.

REPORT OF THE X-RAY DEPARTMENT

This year has been a very satisfactory one in the X-Ray Department. The work has been closely correlated with the findings in the other departments such as checking the findings both in the operating room and the clinics.

For the fourth year a course of instruction has been given at the Annual Meeting at the Academy of Oto-Laryngology.

The department feels the loss of the daily visits of Dr. Mosher, who has always been one of its sympathetic and enthusiastic supporters. It was his interest and Mrs. Mosher's generosity that provided some of the indispensable equipment in daily use. We look forward to his visits and to his wise counsel which has always been accepted with deep gratitude.

Tabulation of cases is as follows:

Thymus	1,473	
Mastoid	1,396	
Sinuses	2,644	
Teeth	484	
Foreign Body eye	163	
Chest	438	
Esophagus	225	
Skull	98	
Nose	119	
Jaws	110	
Treatment	812	
Sella tursica	2	
Lipiodol	21	
Cervical spine	141	
Miscellaneous	34	
Petrous	64	
Optic canal	6	
Bronchoscopy	1	
Long Bones	10	
Abdomen	33	
Number of examinations	8,275	
Number of patients	7,481	
Bouginage		
Number of treatments	610	
Number of patients	139	
Total number of examinations for year		8,885
Total number of patients for year		7,620

A. S. Macmillan, M.D.,
Roentgenologist.

SCIENTIFIC PAPERS PUBLISHED OR READ BY THE SURGICAL STAFF

JANUARY 1, 1939 TO JANUARY 1, 1940

DEPARTMENT OF OPHTHALMOLOGY

"Management of a case of Glaucoma." By Dr. Walter B. Lancaster. Washington Ophthalmological Society, April 10, 1939.

"Lighting." By Dr. Walter B. Lancaster. Published in *Proceedings* of George Washington University, April, 1939.

"Preparation for Ophthalmology." By Dr. Walter B. Lancaster. Published in *The Interne,* May issue.

"A Simple Method of Plotting, Recording and Interpreting Disturbances of Ocular Motility." By Dr. Walter B. Lancaster. May 1939, Section of A. M. A. Transactions of A. M. A. November 1939, *Archives of Opthalmology.*

"Care of the Eyes." By Dr. Walter B. Lancaster. Broadcast "Green Lights to Health" series, October 18, Commission on Public Health of the Massachusetts Medical Society.

"The Ophthalmic Board—Looking Backward and Looking Forward." By Dr. Walter B. Lancaster. 25th Anniversary Dinner of the American Board of Ophthalmology, October 8, 1939 (to be published in the *American Journal of Ophthalmology*).

"The Lancaster Red-Green Test of Ocular Motility." By Dr. Walter B. Lancaster. Brooklyn Ophthalmological Society, December 21, 1939.

"What Scientific Data May Illuminating Engineers Expect from Ophthalmologists?" By Dr. Walter B. Lancaster. Given for Westinghouse Electric and Manufacturing Company, February 14, 1939, at Lynn, Massachusetts, General Electric Auditorium.

"Cataract Surgery." By Dr. Allen Greenwood. Read during the Post-Graduate Course in Ophthalmology of The George Washington University School of Medicine in Washington, D. C. Published in the *Proceedings* of the Post-Graduate Course in Ophthalmology, Volume IV.

"Thoughts on Office Practice." By Dr. Allen Greenwood. Read before the Section on Ophthalmology at the Ninetieth Annual Session of the American Medical Association, St. Louis, May 17, 1939. Published in *The Journal of the American Medical Association,* August 5, 1939, Vol. 113, pp. 476 and 477.

"Development of our Knowledge of Diseases of the Eye." By Dr. Edwin B. Dunphy. Read before the Boston Medical History Club, January 9, 1939.

"Some Physiological and Anatomical Aspects of the Cornea Affecting its Pathology." By Theodore L. Terry. *American Journal of Ophthalmology,* Vol. 22, February, 1939.

"Care of the Eyes." By Dr. Theodore L. Terry. In the book "Health at Fifty," Harvard University Press, Cambridge, Massachusetts, 1939.

"Studies on Surface Epithelium Invasion of the Anterior Segment of the Eye." By Dr. Theodore L. Terry, Dr. Julian F. Chisholm, Jr., and Dr. A. L. Schonberg. *American Journal of Ophthalmology,* Volume 22, October, 1939.

"Malignant Melanoma—So-called Sarcoma—of Uvea. II. Problems in Diagnosis." By Dr. Theodore L. Terry. *Archives of Ophthalmology,* Volume 22, December, 1939.

"Pathology of Glaucoma." By Dr. Theodore L. Terry. Course at the American Academy of Ophthalmology and Oto-Laryngology, Chicago, October, 1939.

"The Mechanism of Vision." By Dr. Theodore L. Terry. A lecture at the Franklin Union Technical Institute, Boston, November 1939.

"A Plastic Transilluminator." By Dr. Theodore L. Terry and Dr. R. D. Mattis. (In press.)

"Malignant Melanoma of Uvea: So-called Sarcoma. III. Extension into Optic Nerve. By Dr. Theodore L. Terry. (In press.)

"Atopic Cataracts." By Dr. William P. Beetham. (In press.) *Archives of Ophthalmology.*

"Foundation Lecture in Ophthalmology." By Dr. Virgil G. Casten. Tennessee Academy of Ophthalmology and Oto-Laryngology, Jackson, Tennessee, April 11, 1939.

"Ophthalmological Aspects of Neurology." By Dr. Virgil G. Casten. Address before the Alabama Eye, Ear, Nose and Throat Society, Birmingham, Alabama, April 12, 1939.

"Visual Fields." By Dr. Virgil G. Casten. Students in Ophthalmology at Emory University, Atlanta, Georgia, April 13, 1939.

"Discussion of Drs. Alvis' and Wiener's paper on 'Corneal Transplantation'." By Dr. Virgil G. Casten. American Academy of Ophthalmology and Oto-Laryngology, Chicago, Illinois, October 10, 1939.

"Oculomotor Disturbances in Neurological Conditions." By Dr. Virgil G. Casten. Combined Meeting of the Buffalo Ophthalmological Society; Buffalo Neurological and Psychiatric; and Neurosurgical Societies, Buffalo, New York, November 9, 1939.

"Visual Fields in Intracranial Disease." By Dr. Virgil G. Casten. Combined Meeting of the Buffalo Ophthalmological Society; Buffalo Neurological and Psychiatric; and Neurosurgical Societies, Buffalo, New York, November 9, 1939.

"Neuro-Ophthalmological Clinic." By Dr. Virgil G. Casten. Alumni Meeting, Boston, Massachusetts, November 15, 1939.

"Some Aspects of Neuro-ophthalmology." (a) "Neuro-myelitis Optica": Presentation of case with autopsy report. (b) "Internuclear Paralyses": Two cases. (c) "Adie's Syndrome": Demonstration of patients. (d) "Diagnosis and treatment of Trochlearis Paralysis." By Dr. Virgil G. Casten. New England Ophthalmological Society, Boston, Massachusetts, December 19, 1939.

"Recovery Time from Color Fatigue in the Peripheral Visual Field." By Dr. David G. Cogan (written with Frances C. Cogan). *Ophthalmologica,* No. 4/5, Jan./Feb. 1939.

"Medical Progress: Ophthalmology." By Dr. David G. Cogan. *The New England Journal of Medicine,* Vol. 221, pp. 62-65.

"Tetanus and the Prophylactic Use of Antitoxin following Injuries of the Eye." By Dr. David G. Cogan. *American Journal of Ophthalmology,* December 1939.

"Experimental Bullous Keratitis." By Dr. David G. Cogan. Accepted but not yet published by the *Archives of Ophthalmology.*

"Neuromyelitis Optica." By Dr. Hugh C. Donahue. *American Journal of Ophthalmology,* June 1939.

"Studies on Surface-Epithelium Invasion of the Anterior Segment of the Eye." By Dr. T. L. Terry, Dr. J. F. Chisholm, Jr., and Dr. A. L. Schonberg. *American Journal of Ophthalmology,* Vol. 22, No. 10, October 1939.

"The Betts Visual Sensation and Perception Test, A Method of Detecting School Children Requiring Attention." By Dr. Albert E. Sloane. *Archives of Ophthalmology,* November 1939.

DEPARTMENT OF OTO-LARYNGOLOGY

"Report of the Research Committee of the American Otological Society, Inc." By Dr. D. Harold Walker. Transactions of the American Otological Society, Inc., 1939.

"Osteomyelitis of the Skull—Collective Review." By Dr. Harris P. Mosher. International Abstract of Surgery, Nov. 1939, Vol. 69, 417-421.

"Osteomyelitis." By Dr. Harris P. Mosher. The Mullin Lecture, Cleveland, Ohio. December 6, 1939.

"Petrositis." By Dr. Harris P. Mosher. (In press.)

"The Diagnosis and Treatment of Malignant Disease of the Nose and Nasal Sinuses." By Dr. LeRoy A. Schall. *Journal of The Medical Society of New Jersey,* February, 1939.

"Cancer of the Upper Respiratory Tract." By Dr. LeRoy A. Schall. Transactions of the Pacific Coast Oto-Ophthalmological Society, 1939.

"Sinusitis: The Present Rationale of Treatment." By Dr. Charles T. Porter. Presented at the meeting of the American Laryngological Society on May 24, 1939, at Rye, N. Y., and published in the *Annals of Otology, Rhinology and Laryngology,* September 1939, Vol. 48, p. 769.

"Orbital Infections." By Dr. Charles T. Porter. Read at the meeting of the Pittsburgh Otological Society, Pittsburgh, Pennsylvania, September 27, 1939.

"Symposium on the After-care of Mastoid Wounds." By Dr. Harold G. Tobey. For the American Oto-Rhino-Laryngological Society, May, 1939.

"What is Perception Deafness from a Physiological and Histological Basis?" By Dr. M. H. Lurie. Published in the *Annals of Otology, Rhinology and Laryngology,* March 1939.

"Experimentally Induced Circling (Waltzing) in the Guinea Pig." By Dr. M. H. Lurie and Dr. E. W. Dempsey. Published in *The Laryngoscope,* St. Louis, July 1939.

"Studies of the Waltzing Guinea Pig." By Dr. M. H. Lurie. Published in *The Laryngoscope,* July 1939.

"Studies of Animal Deafness, Acquired and Inherited." By Dr. M. H. Lurie. (In press.) Presented at the American Acoustical Society Meeting at the University of Iowa, Iowa City, November 4, 1939.

"Jaw Reconstruction." By Dr. V. H. Kazanjian. *The American Journal of Surgery,* Vol. XLIII, No. 2, February 1939, pp. 249-267.

"Secondary Deformities in Cleft Palate Patients." By Dr. V. H. Kazanjian. *Annals of Surgery,* Vol. 109, No. 3, March 1939, pp. 442-467.

"Congenital Absence of the Ramus of the Mandible." By Dr. V. H. Kazanjian. *The Journal of Bone and Joint Surgery,* Vol. XXI, No. 3, July 1939, pp. 761-772.

"Sinus and Mastoid Pathology as Shown by X-Ray." By Dr. A. S. Macmillan. Post-Graduate Course. The American Academy of Oto-Laryngology and Ophthalmology, Chicago, Illinois, October, 1939.

"Acute Laryngo-Tracheo-Bronchitis: Report of Three Recovered Cases." By Dr. Maurice G. Evans. *Annals of Otology, Rhinology, and Laryngology,* March 1939, Vol. 48, No. 1, Page 216.

"Progress in Oto-Laryngology." By Dr. John R. Richardson. Published in *The Archives of Oto-Laryngology,* March 1939, Vol. 29, pp. 560-577. This article was written in collaboration with Dr. Werner Mueller and Dr. Edgar M. Holmes.

"Experimental Hyperparathyroidism in Otosclerosis." By Dr. E. C. Slaughter. (In press.) To be published in *Annals of Oto-Laryngology.*

"Plummer-Vincent's Syndrome." By Dr. D. P. Cordray. (In press.) To appear in *Annals of Oto-Laryngology.*

"Tumor of Facial Nerve in Mastoid Bone." By Dr. C. M. Kos. (In press.) To appear in *Annals of Oto-Laryngology.*

"Microscopic Changes in Osteomyelitis of Frontal Bone." By Dr. C. M. Kos. (In press.) To appear in *Annals of Oto-Laryngology.*

STAFF OF THE HOWE LABORATORY OF OPHTHALMOLOGY

"Hyperphoria Tests Based on a New Principle." By Dr. F. H. Verhoeff. *Archives of Ophthalmology,* 22:743, 1939.

"Improved Kinetic Tests for Binocular Stereopsis." By Dr. F. H. Verhoeff. (In press.)

"Ocular Lesions of Boeck's Sarcoid." By Dr. Merrill J. King. (In press—Transactions of the American Ophthalmological Society.)

"Recovery Time from Color Fatigue in the Peripheral Visual Field." By Dr. David G. Cogan and Frances C. Cogan. *Ophthalmologica* 96 (4/5): 267, 1939.

"Tetanus and the Prophylactic Use of Antitoxin Following Injuries of the Eye." By Dr. David G. Cogan. *American Journal of Ophthalmology,* 22 (12): 1365, 1939.

"Medical Progress in Ophthalmology." By Dr. David G. Cogan. *New England Journal of Medicine,* 221 (2): 62, (July) 1939.

"Mecholyl and Prostigmine in the Treatment of Glaucoma." By Dr. Samuel T. Clarke. *American Journal of Ophthalmology,* 22:249, 1939.

TABLE OF DISEASES
COMPILED FROM RECORDS

JANUARY 1, 1939 TO JANUARY 1, 1940

	HOUSE	OUT-PATIENT
SECTION I		
Specific Infectious Diseases. General Diseases	170	21
SECTION II		
Diseases Due to Animal Parasites	2	
SECTION III		
Diseases of Metabolism and Deficiency	35	11
SECTION IV		
Diseases Peculiar to Infancy	61	
SECTION V		
Diseases due to Physical Agents	5	1
SECTION VI		
Poisonings, Intoxications	1	
SECTION VII		
Tumors, Benign and Malignant	362	109
SECTION VIII		
Congenital Malformations	59	
SECTION IX		
Injuries	58	5
SECTION X		
Diseases of the Skin	36	12
SECTION XI		
Diseases of the Circulatory System	35	13
SECTION XII		
Diseases of the Lymphatic System	20	
SECTION XIII		
Diseases of the Blood-Forming Organs	3	1
SECTION XIV		
Diseases of the Endocrine Glands	2	

	House	Out-Patient
SECTION XV		
Diseases of the Nervous System	73	7
SECTION XVI		
Diseases of the Bones, Joints, Muscles, Tendons and Fascia	21	
SECTION XVII		
Diseases and Injuries of the Eye and Ear		
Diseases of the Eye	3,286	7,694
A. General	449	5,666
B. Lids	83	160
C. Lacrimal Apparatus	61	26
D. Conjunctiva	72	335
E. Cornea	256	921
F. Anterior Chamber	26	9
G. Sclera	11	7
H. Lens	1,125	198
J. Uveal Tract	45	23
1. Iris	184	75
2. Ciliary Body	28	7
3. Choroid	33	25
K. Retina	167	54
L. Vitreous	36	11
M. Optic Nerve	14	34
N. Eyeball	213	34
O. Orbit	41	
P. Disturbance of Motion	442	109
Diseases of the Ear	484	227
Q. General	2	4
R. Auricle	13	
S. External Auditory Canal	14	64
V. Middle Ear and Mastoid	442	143
W. Internal Ear	13	16
SECTION XVIII		
Diseases of the Nose and Accessory Sinuses	894	27
SECTION XIX		
Diseases of the Mouth, Lips, Cheeks, Pharynx, Tonsils and Palate	2,465	36
SECTION XX		
Diseases of Jaw, Teeth and Gums	15	

	House	Out-Patient
SECTION XXI		
Diseases of the Tongue	1	
SECTION XXII		
Diseases of Esophagus	101	2
SECTION XXIII		
Diseases of Stomach	2	
SECTION XXVII		
Diseases of the Abdomen and Peritoneum in General	1	
SECTION XXIX		
Diseases of the Larynx	31	
SECTION XXX		
Diseases of the Trachea and Bronchi	28	
SECTION XXXI		
Diseases of the Lungs	9	
SECTION XXXII		
Diseases of the Pleura and Mediastinum	1	
SECTION XXXIII		
Diseases of the Kidney and Ureter	1	
SECTION XL		
Anaphylaxis	4	
SECTION XLII		
Ill-Defined or Unclassified Diseases	97	126
Totals	8,363	8,292

LIST OF GRADUATE HOUSE OFFICERS OF THE MASSACHUSETTS EYE AND EAR INFIRMARY

Alexander, Seeyman L., *Aural,* 1919.
170 St. George Street, Toronto, Ontario, Canada.
Allen, John H., *Aural,* 1904. 32 Deering Street, Portland, Maine.
Allman, Charles H., *Oto-Laryngological,* 1930.
520 Commonwealth Ave., Boston, Mass.
Amadon, A. M., *Aural,* 1897-98. (Deceased.)
Amberg, Emil, *Aural,* 1897. 1244 West Boston Boulevard, Detroit, Michigan.
Anthony, Alan R., *Ophthalmic,* 1936.
1738 Angus Drive, Vancouver, British Columbia.
Anthony, Marc, *Ophthalmic,* 1929. Westminster Apts., Spokane, Washington.
Aylesworth, Frederick A., *Ophthalmic,* 1916.
Suite 1001, Medical Arts Building, Toronto, Ontario, Canada.
Bair, Hugo L., *Ophthalmic,* 1932. Mayo Clinic, Rochester, Minnesota.
Barss, Richard, *Ophthalmic,* 1877.
Bassen, Edward J., *Ophthalmic,* 1928.
654 Madison Ave., New York City, N. Y.
Baur, Frederick E., *Aural,* 1902. 43 Grande Ave., Milwaukee, Wisconsin.
Beetham, William P., *Ophthalmic,* 1929. 108 Bay State Road, Boston, Mass.
Berry, Gordon, *Aural,* 1910. 36 Pleasant Street, Worcester, Mass.
Bigelow, F. Nolton, *Aural,* 1910. (Deceased.)
Birdsall, Clarence H., *Aural,* 1916; *Ophthalmic,* 1918
26 Summer Street, Haverhill, Mass.
Blaisdell, Irl H., *Oto-Laryngological,* 1939.
Medical Arts Building, Syracuse, New York.
Bogan, Frederick L., *Aural,* 1908. 464 Commonwealth Avenue, Boston, Mass.
Boies, Lawrence R., *Oto-Laryngological,* 1931.
1937 Medical Arts Building, Minneapolis, Minnesota.
Bradford, Henry W., *Ophthalmic,* 1877. (Deceased.)
Brawner, Leon E., *Oto-Laryngological,* 1925.
384 Peachtree Street, 701 Medical Arts Building, Atlanta, Georgia.
Bridgewood, David, *Ophthalmic,* 1926. (Deceased.)
Briggs, Wallace R., *Ophthalmic,* 1920. 229 M Street, Sacramento, California.
Brown, Lester A., Jr., *Oto-Laryngological,* 1937.
478 Peachtree Street, Suite 815, Atlanta, Georgia.
Burke, J. Robert, *Ophthalmic,* 1918. *Aural,* 1919. 207 Elm Street, Holyoke, Mass.
Cahill, Harry P., *Aural,* 1914. (Deceased.)
Cameron, Walter C., *Ophthalmic,* 1930.
1103 Rhodes Building, Tacoma, Washington.
Canfield, R. Bishop, *Aural,* 1901. (Deceased.)
Capeles, Thomas R., *Ophthalmic, Aural,* 1915-1916.
191 Merrimac Street, Haverhill, Mass.
Carleton, Ralph, *Ophthalmic,* 1896. 10 Temple Street, Springfield, Mass.
Caron, Armand, L., *Oto-Laryngological,* 1927.
390 Main Street, Worcester, Mass.
Carroll, Frank D., *Ophthalmic,* 1935.
Eye Institute, 635 W. 165th Street, New York, N. Y.
Carroll, Henry G., *Ophthalmic,* 1911. 270 Commonwealth Ave., Boston, Mass.
Carter, Leland F., *Ophthalmic,* 1926. 4061 Pasadena Ave., Detroit, Michigan.
Case, Paul H., *Ophthalmic,* 1938. 822 Professional Building, Phoenix, Arizona.
Casten, Virgil G., *Ophthalmic,* 1931. 520 Commonwealth Ave., Boston, Mass.
Cave, Linus S., *Oto-Laryngological,* 1927. Physicians' Building, Syracuse, N. Y.

Chamberlain, Allen H., *Ophthalmic,* 1889. (Deceased.)
Chandler, H. Beckles, *Ophthalmic,* 1880. (Deceased.)
Chandler, H. Beckles, Jr., *Ophthalmic,* 1912. 34½ Beacon Street, Boston, Mass.
Chandler, Paul A., *Ophthalmic,* 1925. 5 Bay State Road, Boston, Mass.
Cheney, Frederick E., *Ophthalmic,* 1888. (Deceased.)
Cheney, Robert C., *Ophthalmic,* 1921. (Deceased.)
Clap, Edmund W., *Ophthalmic,* 1899. 390 Commonwealth Ave., Boston, Mass.
Clarke, Jonas, *Ophthalmic,* 1877.
Clarke, Samuel T., *Ophthalmic,* 1939. 395 Commonwealth Avenue, Boston, Mass.
Clough, Joseph M., *Oto-Laryngological,* 1939.
Cogan, David G., *Ophthalmic,* 1935.
Converse, John M., *Oto-Laryngological,* 1938.
121 East 60th Street, New York City, New York.
Cooper, Kemp G., *Oto-Laryngological,* 1930. 1516 Cook Street, Denver, Colorado.
Coughlan, John N., *Aural,* 1900. (Deceased.)
Coyle, John A., *Ophthalmic,* 1931. Wilder, Vermont.
Crewson, Arthur L., *Oto-Laryngological,* 1927.
120 Sydney Street, Cornwall, Ontario, Canada.
Crockett, Eugene A., *Aural,* 1892. (Deceased.)
Davidson, Herman P., *Ophthalmic,* 1920.
Suite 1424, 30 North Michigan Ave., Chicago, Illinois.
Davis, Frederick A., *Ophthalmic,* 1892. (Deceased.)
Day, Charles Orrin, *Aural,* 1922. (Deceased.)
Day, Kenneth, *Oto-Laryngological,* 1924.
121 University Place, Pittsburgh, Pennsylvania.
Dean, Abbott W., *Ophthalmic,* 1929. 424 Oakland Ave., Council Bluffs, Iowa.
Donahue, Hugh C., *Ophthalmic,* 1931. 520 Commonwealth Ave., Boston, Mass.
Dowling, Joseph L., *Ophthalmic,* 1918.
57 Jackson Street, Providence, Rhode Island.
Drooker, Joshua C., *Oto-Laryngological,* 1939. 20 Charlesgate West, Boston, Mass.
Drury, Dana W., *Aural,* 1906. 483 Beacon Street, Boston, Mass.
Dunphy, Edwin B., *Ophthalmic,* 1923. 101 Bay State Road, Boston, Mass.
Easton, Elwood T., *Ophthalmic,* 1900. 209 Newbury Street, Boston, Mass.
Easton, Mahlon T., *Ophthalmic,* 1936. 209 Newbury Street, Boston, Mass.
Ellis, Edward K., *Ophthalmic,* 1905. 412 Beacon Street, Boston, Mass.
Ernlund, Carl H., *Oto-Larnygological,* 1927. 5 Bay State Road, Boston, Mass.
Evans, Maurice G., *Oto-Laryngological,* 1928.
416 Marlborough Street, Boston, Mass.
Evans, William H., *Ophthalmic,* 1924.
510-517 Dollar Bank Building, Youngstown, Ohio.
Farrell, James I., *Ophthalmic,* 1932. Kempf Building, Utica, New York.
Faunce, Calvin B., *Aural,* 1907. 412 Beacon Street, Boston, Mass.
Filmer, George A., *Ophthalmic,* 1939.
530 Metropolitan Building, Denver, Colorado.
Finck, Harry P., *Ophthalmic,* 1919; *Aural,* 1920. (Deceased.)
Fisher, Carl, *Ophthalmic,* 1907. 1930 Wilshire Boulevard, Los Angeles, California.
Fisher, Stanwood E., *Aural,* 1909. 122 State Street, Portland, Maine.
Frackelton, Ralph J., *Oto-Laryngological,* 1933.
15701 Detroit Ave., Lakewood, Ohio.
Franklin, C. Ray, *Ophthalmic,* 1931.
168th Street and Broadway, New York City, New York.
Frazee, John R., *Oto-Laryngological,* 1934. 311 Beacon Street, Boston, Mass.
Fred, Gus Bernard, *Oto-Laryngological,* 1925.
475 Commonwealth Ave., Boston, Mass.
Frisch, Frederick, *Ophthalmic,* 1908. (Deceased.)

Fultz, William E., *Ophthalmic,* 1927. 45 Kaye Street, Halifax, Nova Scotia.
Gabriels, Joseph A. C., *Ophthalmic,* 1921. 435 State Street, Albany, New York.
Gallagher, John H. C., *Aural,* 1920. 107 Centre Street, Chicopee, Mass.
Gaudreau, Honoré E., *Ophthalmic,* 1930. 293 Bridge Street, Springfield, Mass.
Gaus, Louis, *Ophthalmic,* 1921. Ticonderoga, New York.
Germain, Harry H., *Ophthalmic,* 1899. 475 Commonwealth Ave., Boston, Mass.
Gibson, Arthur C., *Aural,* 1921. 516 Sutter Street, San Francisco, California.
Gifford, Harold, Jr., *Ophthalmic,* 1934.
1620 Medical Arts Building, Omaha, Nebraska.
Gilbert, John J., *Ophthalmic,* 1917. *Aural,* 1920.
221 Thayer Street, Providence, Rhode Island.
Gillespie, Elmer H., *Oto-Laryngological,* 1932. 101 Bay State Road, Boston, Mass.
Goldman, A. Milton, *Ophthalmic,* 1924.
121 E. 60th Street, New York City, N. Y.
Goodale, Robert L., *Oto-Laryngological,* 1926.
330 Dartmouth Street, Boston, Mass.
Goodall, Edwin B., *Ophthalmic,* 1918. 101 Bay State Road, Boston, Mass.
Goodell, William, *Aural,* 1906. 121 Chestnut Street, Springfield, Mass.
Goray, J. P., *Ophthalmic,* 1897. Day Street, Fitchburg, Mass.
Gray, Gerald H., *Oto-Laryngological,* 1929.
420 Mountain Ave., Piedmont, California.
Grossman, Herman P., *Ophthalmic,* 1934.
224 Thayer Street, Providence, Rhode Island.
Gundersen Trygve, *Ophthalmic,* 1930. 5 Bay State Road, Boston, Mass.
Hacking, Raymond F., *Ophthalmic,* 1927.
105 Waterman Street, Providence, Rhode Island.
Halliday, Armond A., *Ophthalmic,* 1918; *Aural,* 1919. (Deceased.)
Hammond, Philip, *Aural,* 1894. (Deceased.)
Happ, Linley C., *Oto-Laryngological,* 1931.
124 Waterman Street, Providence, Rhode Island.
Haskell, Henry H., *Ophthalmic,* 1893. 5 Vista Ave., Auburndale, Mass.
Hawkins, Henry, *Ophthalmic,* 1909. 394 Marlborough Street, Boston, Mass.
Heffernan, David A., *Ophthalmic,* 1904.
270 Commonwealth Ave., Boston, Mass.
Heine, Lyman H., *Oto-Laryngological,* 1937. Freemont, Nebraska.
Hennessey, William W., *Aural,* 1908. 33 Essex Street, Salem, Mass.
Hill, Frederick T., *Aural,* 1916. 111 Main Street, Waterville, Maine.
Hobart, Carl, *Ophthalmic,* 1922. 518 Metropolitan Building, St. Louis, Missouri.
Hollabaugh, Charles F., *Ophthalmic,* 1932.
Doctors' Building, Nashville, Tennessee.
Holmes, Edgar M., *Oto-Laryngological,* 1934.
520 Commonwealth Ave., Boston, Mass.
Hoople, Gordon D., *Oto-Laryngological,* 1926.
The Medical Arts Building, Syracuse, New York.
Houston, G. Gilbert, *Oto-Laryngological,* 1938.
10 West Street, Charlottetown, P. E. I., Canada.
Hubbard, Rufus P., *Ophthalmic,* 1879.
Hurley, Edward D., *Ophthalmic,* 1907. (Deceased.)
Hussey, Edward J., *Ophthalmic,* 1906. (Deceased.)
Ireland, Percy E., *Oto-Laryngological,* 1935.
170 St. George Street, Toronto, Ontario, Canada.
Irgens, Edwin R., *Oto-Laryngological,* 1936. Waterville, Maine.
Irvine, S. Rodman, *Ophthalmic,* 1935.
700 Roosevelt Building, Los Angeles, California.

Jack, Edwin E., *Ophthalmic*, 1888. (Retired.) 99 Sargent Road, Brookline, Mass.
Jackle, Arthur F., *Ophthalmic*, 1913. (Deceased.)
Jennings, John G., *Ophthalmic*, 1917. 82 Commonwealth Ave., Boston, Mass.
Johnson, Charles I., *Oto-Laryngological*, 1929.
403 Commonwealth Ave., Boston, Mass
Johnson, Lorand V., *Ophthalmic*, 1937. University Hospitals, Cleveland, Ohio.
Jones, Edward Earl, *Oto-Laryngological*, 1928. 141 W. Elm Street, Brockton, Mass.
Judd, Delbert K., *Oto-Laryngological*, 1934.
1020 Medical Arts Building, Omaha, Nebraska.
Kearny, Richard A., *Aural*, 1921. 2311 Connecticut Ave., Washington, D. C.
Kendall, M. Ray, *Aural*, 1917. (Deceased.)
Kennedy, Michael Francis, *Ophthalmic*, 1927.
1835 I Street N. W., Washington, D. C.
Kerst, J. Arthur, *Ophthalmic*, 1934.
Leland Office Building, East Capitol Avenue, Springfield, Illinois.
Kilburn, Henry W., *Aural*, 1885. (Deceased.)
King, Merrill J., *Ophthalmic*, 1932. 82 Commonwealth Ave., Boston, Mass.
Langworthy, Henry G., *Aural*, 1907. 10th and Bluff Streets, Dubuque, Iowa.
Leahey, Brendan D., *Ophthalmic*, 1933. 9 Central Street, Lowell, Mass.
LeCompte, Walter A., *Aural*, 1901. (Deceased.)
Lemoine, Albert E., *Ophthalmic*, 1923.
1119 Rialto Building, Kansas City, Missouri.
Lentine, Joseph, *Oto-Laryngological*, 1936.
395 Commonwealth Ave., Boston, Mass.
Levitt, Jesse M., *Ophthalmic*, 1933. 734 Ocean Ave., Brooklyn, New York.
Liebman, William, *Ophthalmic*, 1911. 311 Commonwealth Ave., Boston, Mass.
Lodge, Edmund A., *Oto-Laryngological*, 1924. Mountain Home, Tennessee.
Loring, Robert G., *Ophthalmic*, 1900. 140 Beacon Street, Boston, Mass.
Lothrop, Oliver A., *Aural*, 1911. 101 Beacon Street, Boston, Mass.
Lougee, John L., *Aural*, 1909. 475 Beacon Street, Boston, Mass.
Lovesey, Burton E., *Oto-Laryngological*, 1935. 76 Bay State Road, Boston, Mass.
Lowell, W. Holbrook, *Ophthalmic*, 1902. 82 Commonwealth Ave., Boston, Mass.
Lynch, Mercer G., *Oto-Laryngological*, 1936.
1567 Exposition Boulevard, New Orleans, Louisiana.
MacDonald, Alexander E., *Ophthalmic*, 1923.
151 Bloor Street, West, Toronto, Ontario, Canada.
Macdonald, Donald H., *Oto-Laryngological*, 1930.
270 Commonwealth Avenue, Boston, Mass.
MacKechnie, William G., *Aural*, 1918. Port of Spain, Trinidad, British West Indies.
Mackenzie, Roland C., *Ophthalmic*, 1911. 51 Moody Street, Waltham, Mass.
MacMillan, A. L., Jr., *Aural*, 1912.
46 Pleasant Street, Concord, New Hampshire.
Macnie, John P., *Ophthalmic*, 1929.
635 W. 165th Street, New York City, New York.
Mansur, Leon Wallace, *Ophthalmic*, 1898. Retired. Valley Center, California.
Martin, S. Forrest, *Ophthalmic*, 1938. 101 Bay State Road, Boston, Mass.
McAuley, Albert G., *Ophthalmic*, 1915.
1301 Dorchester Street, West, Montreal, Quebec, Canada.
McCabe, Frank J., *Ophthalmic*, 1916. 204 Angell Street, Providence, Rhode Island.
McClintock, Walter L., *Oto-Laryngological*, 1938.
1245 Hancock Street, Quincy, Mass.
McCusker, John J., *Ophthalmic*, 1897.
382 Broad Street, Providence, Rhode Island.
McDonald, Samuel J., *Ophthalmic*, 1902. 308 Commonwealth Ave., Boston, Mass.

McGuigan, G. Edmund, *Ophthalmic,* 1924.
116 West Market Street, York, Pennsylvania.
McIntire, Frederic J., *Ophthalmic,* 1910. 63 North Common Street, Lynn, Mass.
McKelvey, Alexander D., *Aural,* 1911. (Deceased.)
McLaughlin, William C., *Aural,* 1908. (Deceased.)
McLeod, Angus M., *Oto-Laryngological,* 1932.
Medical Arts Building, Toronto, Ontario, Canada.
McLeod, John, *Ophthalmic,* 1930. 900 Argyle Building, Kansas City, Missouri.
Meek, Raymond E., *Ophthalmic,* 1926.
729 Park Avenue, New York City, New York.
Meltzer, Philip E., *Aural,* 1919. 20 Charlesgate West, Boston, Mass.
Merritt, Robert E., *Ophthalmic,* 1920. Retired. Valley Center, California.
Mertins, Paul S., *Oto-Laryngological,* 1936.
17 Galen Street, Montgomery, Alabama.
Messenger, Harry K., *Ophthalmic,* 1934.
313 Commonwealth Avenue, Boston, Mass.
Meyer, Monto F., *Ophthalmic,* 1919.
904 Canal Bank Building, New Orleans, Louisiana.
Miles, Nathan E., *Ophthalmic,* 1937. Molton Hotel, Birmingham, Alabama.
Moore, Donald E., *Ophthalmic,* 1937.
403 Medical Arts Building, Syracuse, New York.
Moore, Fontaine B., *Aural,* 1914.
Morse, Almon G., *Ophthalmic,* 1893. Sunmount, New York.
Moorman, John D., *Ophthalmic,* 1939. Times Building, Huntsville, Alabama.
Motley, Frederic E., *Oto-Laryngological,* 1925.
Charlotte Eye, Ear, Nose & Throat Hospital, Charlotte, North Carolina.
Mueller, Werner, *Oto-Laryngological,* 1933. 412 Beacon Street, Boston, Mass.
Murphy, Edward M., *Ophthalmic,* 1915. 175 Central Street, Lowell, Mass.
Murphy, William E., *Oto-Laryngological,* 1933. Slater Building, Worcester, Mass.
Myers, Roscoe W., *Ophthalmic,* 1927. 36 Pleasant Street, Worcester, Mass.
Myers, Stanley A., *Oto-Laryngological,* 1937.
810 Dollar Bank Building, Youngstown, Ohio.
Nicholson, Harry M., *Aural,* 1913.
101 James Street South, Hamilton, Ontario, Canada.
O'Connor, Michael J., *Aural,* 1923.
105 Waterman Street, Providence, Rhode Island.
Olds, Bomar A., *Oto-Laryngological,* 1929.
Suite No. 307, Medical Arts Building, Atlanta, Georgia.
O'Neil, Robert C., *Oto-Laryngological,* 1928. (Deceased.)
Parker, Harry C., *Ophthalmic,* 1902.
Pollock, Frederic J., *Oto-Laryngological,* 1935.
Suite 403 Curtis Building, 622 Diversay Parkway, Chicago, Illinois.
Porter, Charles T., *Ophthalmic,* 1914; *Aural,* 1915.
520 Commonwealth Avenue, Boston, Mass.
Powers, George H., *Aural,* 1904. 311 Beacon Street, Boston, Mass.
Price, F. Raymond, *Ophthalmic,* 1936. 1 Bee Street, Charleston, South Carolina.
Proctor, Francis I., *Ophthalmic,* 1891. (Deceased.)
Provost, Adolphe J., *Oto-Laryngological,* 1927.
1061 Elm Street, Manchester, New Hampshire.
Prudhon, Charles A., *Oto-Laryngological,* 1930.
168 Sterling Street, Watertown, New York.
Quackenboss, Alexander, *Ophthalmic,* 1893. (Deceased.)
Quevedo, A. Arturo, *Ophthalmic,* 1933.
9a Ave. Sur No. 50, Guatemala City, Gautemala, Central America.

Quincy, Josiah E., *Oto-Laryngological*, 1926.
270 Commonwealth Ave., Boston, Mass.
Raynes, Alphonse F., *Ophthalmic*, 1923.
209 Miller Ave., Portsmouth, New Hampshire.
Reaves, Robert G., *Aural*, 1918. 425 W. Clinch Ave., Knoxville, Tennessee.
Richards, Lyman G., *Oto-Laryngological*, 1926.
319 Longwood Avenue, Boston, Mass.
Richardson, John R., *Oto-Laryngological*, 1935.
395 Commonwealth Ave., Boston, Mass.
Ross, Percy Jay, *Oto-Laryngological*, 1934. 1045 Michigan Ave., Chicago, Illinois.
Rothwell, Stephen G., *Oto-Laryngological*, 1925.
100 Eighth Street, New Bedford, Mass.
Ruggles, Ralph H., *Ophthalmic*, 1920. 394 Marlborough Street, Boston, Mass.
Ruggles, Roger L., *Oto-Laryngological*, 1932. 80 Elm Street, Westfield, Mass.
Rust, Frank L., *Ophthalmic*, 1898. (Deceased.)
Ryder, George H., *Ophthalmic*, 1901. 968 Hancock Street, Quincy, Mass.
Sachs, Benjamin, *Ophthalmic*, 1925. 520 Beacon Street, Boston, Mass.
Sargent, Francis B., *Aural*, 1923. 124 Waterman Street, Providence, Rhode Island.
Savage, Ross E., *Ophthalmic*, 1910. 543 Boylston Street, Boston, Mass.
Scarney, Herman D., *Ophthalmic*, 1928. 573 Fisher Building, Detroit, Michigan.
Schnebly, J. Thomas, *Ophthalmic*, 1938.
508 Farragut Medical Building, Washington, D. C.
Shambaugh, George E. Jr., *Oto-Laryngological*, 1932.
122 S. Michigan Boulevard, Chicago, Illinois.
Shanahan, Timothy J., *Aural*, 1907. (Deceased.)
Simmons, Fred A., *Aural*, 1918. (Deceased.)
Sisson, Raymond J., *Ophthalmic*, 1925. (Deceased.)
Skilling, Francis C., *Ophthalmic*, 1933. 401 Ingram Building, Miami, Florida.
Smith, Harold D., *Oto-Laryngological*, 1937.
342 Investment Building, Pomona, California.
Smyth, D. Campbell, *Aural*, 1910. (Deceased.)
Smyth, P. Sommers, *Ophthalmic*, 1905. (Deceased.)
Sowers, Martin L., *Aural*, 1922. Crossways Apts., Far Rockaway, New York.
Spalding, Fred M., *Ophthalmic*, 1900. 128 Newbury Street, Boston, Mass.
Spratt, Charles N., *Ophthalmic*, 1904. 785 9th Street, Minneapolis, Minn.
Standish, Myles, *Ophthalmic*, 1880. (Deceased.)
Stephens, H. Frederick, *Ophthalmic*, 1939.
195 Thayer Street, Providence, Rhode Island.
Sullivan, Garrett L., *Ophthalmic*, 1938. 5 Bay State Road, Boston, Mass.
Tegelberg, Julius, *Oto-Laryngological*, 1931. 390 Main Street, Worcester, Mass.
Terry, Theodore L., *Ophthalmic*, 1928. 128 Newbury Street, Boston, Mass.
Thompson, Peter Hunter, *Ophthalmic*, 1902.
308 Commonwealth Ave., Boston, Mass.
Tobey, George L., Jr., *Aural*, 1905. 403 Commonwealth Ave., Boston, Mass.
Tobey, Harold G., *Aural*, 1915. 403 Commonwealth Ave., Boston, Mass.
Toot, J. Frederick, *Ophthalmic*, 1922. East Liverpool, Ohio.
Vail, Derrick T., *Ophthalmic*, 1924. 819 Carew Tower, Cincinnati, Ohio.
Vail, Harris H., *Aural*, 1921. 917-920 Carew Tower, Cincinnati, Ohio.
Viger, Roland J., *Ophthalmic*, 1937.
1414 Drummond Street, Montreal, Quebec, Canada.
Waite, J. Herbert, *Ophthalmic*, 1923. 7 Bay State Road, Boston, Mass.
Wales, Ernest DeW., *Aural*, 1902.
1236 N. Pennsylvania Street, Indianapolis, Indiana.
Walker, Charles E. Jr., *Ophthalmic*, 1935. 1114 Republic Bldg., Denver, Colorado.
Walker, Clifford B., *Aural*, 1914. Auditorium Building, Los Angeles, California.

Walker, D. Harold, *Aural,* 1902. 5 Bay State Road, Boston, Mass.
Wattles, F. Merrill, *Oto-Laryngological,* 1938.
403 Commonwealth Ave., Boston, Mass.
Webster, Franklin R., *Ophthalmic,* 1926. University Building, Syracuse, New York.
Weille, Francis L., *Oto-Laryngological,* 1929.
395 Commonwealth Ave., Boston, Mass.
Weinheimer, Lambert H., *Ophthalmic,* 1922.
109 So. Warren Street, Syracuse, New York.
Wherry, Walter J., *Oto-Laryngological,* 1939.
1500 Medical Arts Building, Omaha, Nebraska.
White, Leon E., *Aural,* 1897. (Deceased.)
White, Leon E., *Aural,* 1923. 390 Commonwealth Ave., Boston, Mass.
Whitney, Raymond C., *Ophthalmic,* 1922. 227 Union Street, New Bedford, Mass.
Willis, Harry C., *Aural,* 1923. 216 E. Nash Street, Wilson, North Carolina.
Winkler, Herman A., *Oto-Laryngological,* 1926.
224 Thayer Street, Providence, Rhode Island.
Wishart, David E. S., *Aural,* 1922. 47 Grosvenor Street, Toronto, Ontario, Canada.
Woodruff, Harry W., *Ophthalmic,* 1936. (Deceased.)
Worthen, Clarence F., *Ophthalmic,* 1917. 319 Commonwealth Ave., Boston, Mass.
Wright, Clarence F., *Oto-Laryngological,* 1931.
618 The Medical Arts Building, Toronto, Ontario, Canada
Wright, Edward N., *Oto-Laryngological,* 1933.
The Medical Arts Building, Toronto, Ontario, Canada.

Form of a Bequest to the Infirmary

I give and bequeath to the Massachusetts Eye and Ear Infirmary of Boston, the sum of dollars, to be applied to the uses of said Infirmary.